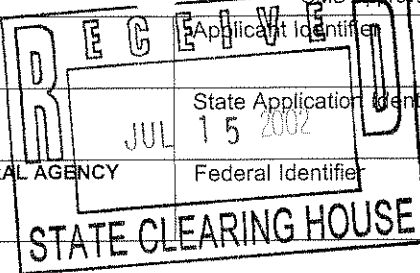



# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **July 1 through 15<sup>th</sup>, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 7-12-02					
1. TYPE OF SUBMISSION <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY				Federal Identifier	
5. APPLICANT INFORMATION							
Legal Name: 101 Redwood, Inc.			Organizational Unit: n/a				
Address (Give City, County, State, and Zip code): 101 N. Main Street Mendocino County Willits, CA 95490			Name and telephone number of the person to be contacted on matters involving this application (Give area code) Hal Wagenet 707-459-5101 Madelin Holtkamp 707-462-2353				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 5 2 2 8 6 0			7. TYPE OF APPLICANT: (Enter appropriate letter in box) M				
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award                      B. Decrease Award C. Increase Duration                      D. Decrease Duration Other (Specify) _____			A. State                      H. Independent School District B. County                      I. State Control Instit. of Higher Learning C. Municipal                      J. Private University D. Township                      K. Indian Tribe E. Interstate                      L. Individual F. Intermunicipal                      M. Profit organization G. Special District                      N. Other (Specify) _____				
9. NAME OF FEDERAL AGENCY: U. S. Forest Service, Forest Products Laboratory							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 1 0 - 6 6 4			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: I O Buildings with Waste Wood				
12. AREA AFFECTED BY PROJECT (Cities, counties, states, etc.) Mendocino County, California							
13. PROPOSED PROJECT: Start Date      End Date 9/02              8/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant                      b. Project California 1st - Mike Thompson                      same					
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal                      \$ 50,000		a. YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on:					
b. Applicant                      \$ 10,000		DATE: 7-12-02					
c. State                      \$		b. NO. <input type="checkbox"/> Program is not covered by E.O. 12372					
d. Local                      \$		<input type="checkbox"/> or Program has not been selected by State for review					
e. Other                      \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
f. Program                      \$		<input type="checkbox"/> YES - If "YES", attach an explanation. <input checked="" type="checkbox"/> NO					
g. TOTAL                      \$ 60,000							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Representative Hal Wagenet		b. Title General Manager		c. Telephone Number 707-459-5101			
d. Signature of Authorized Representative 				e. Date Signed 7-12-02			

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 7/10/02		Applicant Identifier	
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		State Application Identifier Federal Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		JUL 15 2002 STATE CLEARING HOUSE	
5. APPLICANT INFORMATION				Organizational Unit:	
Legal Name: <b>Alliance for West Oakland Development</b>				N/A	
Address (give city, county, State, and zip code): <b>1357 5th Street, Oakland, CA 94607</b>				Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Jabari Herbert (510) 663-0363</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-3333351</b>				7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION:				<input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input checked="" type="checkbox"/> N. Other (Specify) <u>non-profit</u>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es)				9. NAME OF FEDERAL AGENCY:	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				Dept. of Health & Human Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>93-570</b>				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE: CSBG: Discr. Awards (Urban/Rural ED)				Mandela Transit Village- Catalyst Site - Community Economic Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Oakland, Alameda County, CA</b>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date <b>09/02</b>	Ending Date <b>09/07</b>	a. Applicant <b>District 9</b>		b. Project <b>District 9</b>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 113,034	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$ 261,424	DATE <u>7/11/02</u>			
c. State	\$ NA	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$ NA	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$ 140,500	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$ NA	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 514,958				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative <b>Jabari Herbert</b>		b. Title <b>Executive Director</b>		c. Telephone Number <b>(510) 663-0363</b>	
d. Signature of Authorized Representative <i>[Signature]</i>				e. Date Signed <b>7/9/2002</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 7/11/02	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																					
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																					
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: Solana Recyclers, Inc.		Organizational Unit: Recycled Products Purchasing Co-op																						
Address (give city, county, State, and zip code): 137 N. El Camino Real Encinitas, CA 92024		Name and telephone number of person to be contacted on matters involving this application (give area code) Tyson Miller (760) 436-7986																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-0009949		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>non-profit</u> </div> </div>																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other(specify):         </div> <div>           C. Increase Duration         </div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. EPA Region 9																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-808 TITLE: Solid Waste Management Assistance		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Western Markets Initiative																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> states of CA, AZ, NV		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          JUL 15 2002  <b>STATE CLEARING HOUSE</b> </div>																						
<b>13. PROPOSED PROJECT</b> Start Date: 9/02    Ending Date: 3/04																								
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 51st		b. Project: all districts in CA, AZ, NV																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 25,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 25,000</td> <td>.00</td> </tr> </table>		a. Federal	\$ 25,000	.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$ 25,000	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/11/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 25,000	.00																						
b. Applicant	\$	.00																						
c. State	\$	.00																						
d. Local	\$	.00																						
e. Other	\$	.00																						
f. Program Income	\$	.00																						
g. TOTAL	\$ 25,000	.00																						
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Type Name of Authorized Representative Jacy Davis		b. Title Executive Director																						
c. Telephone Number (760) 436-7986		e. Date Signed 7/11/02																						
d. Signature of Authorized Representative 																								

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

 Legal Name: San Diego State University Foundation  
 Address: 5250 Campanile Drive

Organizational Unit

San Diego

City

CA  
 State
San Diego

County

92182 - 193  
 ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 3 3 7 1 3 4 63. Applicant's T-I-N 9 5 - 6 0 4 2 7 2 14. Catalog of Federal Domestic Assistance # 8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Benita PageAddress: 4283 El Cajon Boulevard, Suite 115
San Diego CA 92105  
 City State ZIP Code + 4

 Tel #: (619) 594-2841 Fax #: (619) 594-2425
E-Mail Address: bpage@projects.sdsu.edu6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ NoK. Type of Applicant (Enter appropriate letter in the box) I

A State

G Public College or University

B Local

H Private, Non-profit College or University

C Special District

I Non-profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

## Application Information

## 9. Type of Submission:

— PreApplication

☐ Construction☐ Non-Construction

— Application

☐ Construction☐ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372 process for review): 1☐ No (If "No", check appropriate box below)☐ Program is not covered by E.O. 12372☐ Program has not been selected by State for review.

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

Yes (Go to 12u)

☒ No (Go to item 13)

## 13. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide exemption(s) #):☐ No (Provide Assurance #, if available):

14. Descriptive Title of Applicant's Project:

CHOICE Mentor/Tutoring Project

## 11. Proposed Project Dates:

Start Date:

10/1/2002

End Date:

9/30/2005

## Estimated Funding

14a. Federal	\$	200,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	200,000	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Skaidrite Krisans

b. Title

Associate Dean for Student Services, Graduate Divisionc. Tel #: (619) 594-4162Fax #: (619) 594-0189d. E-Mail Address: skrisans@sunstroke.sdsu.edu

e. Signature of Authorized Representative

Date:

7/2/2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2003

## Applicant Information

## 1. Name and Address

Legal Name: San Diego State University Foundation  
Address: 5250 Campanile Drive

Organizational Unit

San Diego

City

CA  
StateSan Diego  
County92182 - 193  
ZIP Code + 42. Applicant's D-U-N-S Number 0 7 3 3 7 1 3 4 63. Applicant's T-I-N 9 5 - 6 0 4 2 7 2 14. Catalog of Federal Domestic Assistance # 8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Russell YoungAddress: San Diego State University

San Diego CA 92182-1152  
City State ZIP Code + 4

Tel #: (619) 594-6890 Fax #: (619) 594-1183E-Mail Address: ruyoung@mail.sdsu.edu6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No8. Type of Applicant (Enter appropriate letter in the box) 1

- A State G Public College or University  
B Local H Private, Non-profit College or University  
C Special District I Non-profit Organization  
D Indian Tribe J Private, Profit-Making Organization  
E Individual K Other (Specify):  
F Independent School District

## Application Information

## 9. Type of Submission:

— PreApplication

- ☐ Construction  
☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

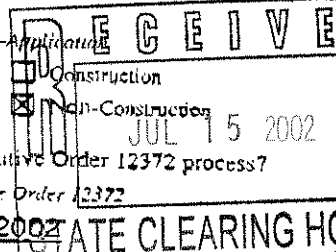
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

☐ No (If "No", check appropriate box below.)

- ☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

## 11. Proposed Project Dates:

Start Date: 10/1/2002 End Date: 9/30/2005



12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a) ☒ No (Go to item 13)  
12a. Are all the research activities proposed designated to be exempt from the regulations?  
☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #, if available):

## 13. Descriptive Title of Applicant's Project:

Santa Margarita Mentoring Program

## Estimated Funding

14a. Federal	\$	192,007	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	192,007	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Skaldrite Krisans

b. Title

Associate Dean for Student Services, Graduate Divisionc. Tel #: (619) 594-4162Fax #: (619) 594-0189d. E-Mail Address: skrisans@sunstroke.sdsu.edu

e. Signature of Authorized Representative

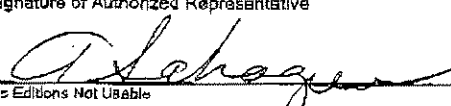
Date:

7/2/2002

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/02/02		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

OMB Approval No. 3343-004  
**RECEIVED**  
 JUL 15 2002  
**STATE CLEARING HOUSE**

5. APPLICANT INFORMATION		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST AGENCIES	
Legal Name: Cal State L.A. University Auxiliary Services, Inc.		Organizational Unit:	
Address (give city, county, state, and zip code): 5151 State University Drive Los Angeles, CA 90032		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) Pl: Crist S. Khachikian, <a href="mailto:ckhachi@calstatela.edu">ckhachi@calstatela.edu</a> , (323) 343-6002  ADMIN. CONTACT: Alma P. Sahagun, <a href="mailto:asahag@cslanet.calstatela.edu">asahag@cslanet.calstatela.edu</a>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 0 1 6 6 5 3		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">I</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 5 0 0  TITLE: 2002-NCER-K1 Superfund Minority Institutions Program: Hazardous Substance Research		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reducing Risks from Soils Contaminated by Mixed Wastes: An Integrated Strategy that is Cost-Effective and Appropriate	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County, California		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER	
13. PROPOSED PROJECT: Start Date: 01/01/03 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 31 b. Project: 31	
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 199,999.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 07/02/02	
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 199,999.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Alma P. Sahagun		b. Title Director, Contracts & Grants Administration	
d. Signature of Authorized Representative 		c. Telephone number 323-343-4970	
		e. Date Signed 7/2/02	

# Application for Federal Education Assistance



Note: If available, please provide application package on diskette and specify the file format

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Pittsburg Pre-School and Community Council

Address: 2000 Railroad Avenue

Organizational Unit

Special Programs

Pittsburg  
City

CA  
State

Contra Costa  
County

94565  
Zip Code + 4

3894

2. Applicant's D-U-N-S Number: 5 2 1 7 7 1 2 2 5

6. Is the applicant delinquent on any Federal debt? Yes X No  
(If "Yes," attach an explanation.)

3. Applicant's T-I-N 5 2 - 1 7 7 1 2 2 5

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B →

Title: Mentoring Programs

5. Project Director: To Be Named

7. Type of Applicant (Enter appropriate letter in the box.)

N

Address 1760 Chester Drive

A - State  
B - County  
C - Municipal  
D - Township  
E - Interstate  
F - Intermunicipal  
G - Special District  
H - Independent School District  
I - Public College or University  
J - Private, Non-Profit College or University  
K - Indian Tribe  
L - Individual  
M - Private, Profit-Making Organization  
N - Other (Specify): Private, Non Profit Org

Pittsburg CA 94565 - 3920  
City State Zip code + 4

Tel. #: (925) 439-2061 Fax #: (925) 432-7473

E-Mail Address: pscc1760@inreach.com

8. Novice Applicant X Yes No

## Application Information

### 9. Type of Submission:

PreApplication Application  
Construction Construction  
Non-Construction X Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 07/02/2002

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

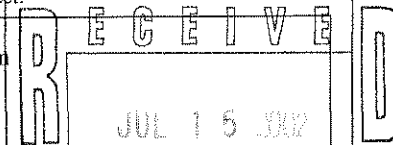
12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes X No  
a. If "Yes," Exemption(s) #: b. Assurance of Compliance #:

OR

c. IRB approval date: Full IRB or  
Expedited Review

### 13. Descriptive Title of Applicant's Project:

SAFE HAVEN mentoring program



11. Proposed Project Dates: 10/01/2002 09/30/2005  
Start Date End Date

STATE CLEARING HOUSE

## Estimated Funding

14a. Federal \$ 199,993 .00  
b. Applicant \$ 60,000 .00  
c. State \$          .00  
d. Local \$ 1,197,765 .00  
e. Other \$          .00  
f. Program Income \$          .00  
g. TOTAL \$ 1,457,758 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative  
Frances Greene

b. Title: Executive Director

c. Tel. #: (925) 439-2061 Fax #: (925) 432-7473

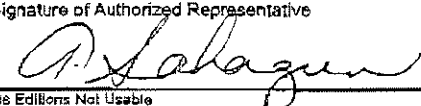
d. E-Mail Address: Psccl760@inreach.com

e. Signature of Authorized Representative

Date: 7/01/2002



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/02/02		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)					
Legal Name: Cal State L.A. University Auxiliary Services, Inc.			Organizational Unit:		
Address (give city, county, state, and zip code): 5151 State University Drive Los Angeles, CA 90032			Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: Barry Hibbs, bhibbs@calstatela.edu, 323-343-2414  ADMIN. CONTACT: Alma P. Sahagun, asahag@cslanet.calstatela.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 0 1 8 6 5 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  6 6 . 5 0 0  TITLE: 2002-NCER-K1 Superfund Minority Institutions Program: Hazardous Substance Research			9. NAME OF FEDERAL AGENCY:  U.S. Environmental Protection Agency - ORD - NCER		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange County and Southern California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Analysis of Stream/Aquifer Interactions and Redox Potential on Trace Element Loading and Speciation: San Diego Creek Aquifer and Watershed		
13. PROPOSED PROJECT: Start Date: 06/01/03 Ending Date: 05/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 31 b. Project: 31			
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 199,995.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 07/02/02			
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 199,995.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Alma P. Sahagun		b. Title Director, Contracts & Grants Administration		c. Telephone number 323-343-4970	
d. Signature of Authorized Representative 				e. Date Signed 7/2/02	

APPLICATION FOR  
FEDERAL ASSISTANCE2. DATE SUBMITTED  
July 10, 2002

Applicant Identifier

OMB Approval No. 0348-0043

JUL 12 2002

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

## 1. TYPE OF SUBMISSION:

Application  
☐ Construction  
☒ Non-ConstructionPreapplication  
☐ Construction  
☐ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

Fresno Leadership Foundation dba 1 by 1Leadership

Organizational Unit:

Address (give city, county, state, and zip code):

3845 N. Clark St., Fresno, Fresno County, CA 93726

Name and telephone number of person to be contacted on matters involving this application (give area code)

Gus Pendleton, 559-459-1878

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0359864

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District
- H. Independent School Dist.  
I. State Controlled Institution of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual  
M. Profit Organization  
N. Other (Specify) private non profit

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

- A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other(specify):

## 9. NAME OF FEDERAL AGENCY:

Dept. Of Health and Human Services

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93-570

TITLE: Community Services Block Grant-Discretionary Award:

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Job creation for low-income residents, by economic stimulus of local economy by increasing capacity of small business employers.

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Fresno, Fresno County, CA

## 13. PROPOSED PROJECT

OP PRIORITY 1

## 14. CONGRESSIONAL DISTRICTS OF:

George Radanovich #19 Calvin Dooly #20

Start Date

11/01/02

Ending Date

10/31/03

a. Applicant

b. Project

## 15. ESTIMATED FUNDING:

a. Federal	\$	677,975.00
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	677,975.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/12/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative  
Kurt Maddenb. Title  
Chief Operating Officerc. Telephone Number  
(559) 448-8861

d. Signature of Authorized Representative

e. Date Signed  
7-11-02

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

OP - 1

# Application for Federal Education Assistance

## Applicant Information



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## 1. Name and Address

Legal Name: Pathways To Your Future, Inc.

Address: 1621 Centinela Ave.

Inglewood  
City

State

Los Angeles  
County90302 - 1620  
ZIP Code + 4

## 2. Applicant's D-U-N-S Number

1 1 1 8 4 2 1 1 3

## 3. Applicant's T-I-N

9 5 - 4 7 7 2 5 4 4

## 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

Department of Education

## 5. Project Director: Gerald Thompson

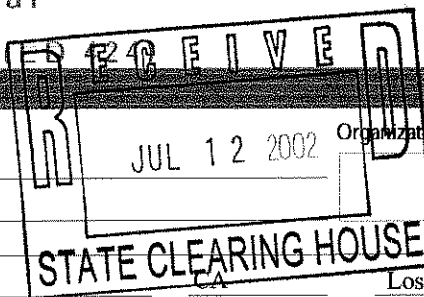
Address: 1621 Centinela Ave.

Inglewood  
CityCA  
State90302 - 1620  
ZIP Code + 4

Tel. #: (323) 755-1020

Fax #: (323) 242-7678

E-Mail Address: PathwaysTYF@attbi.com

6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

## 8. Type of Applicant (Enter appropriate letter in the box.)

I

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

## 9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 11. Proposed Project Dates:

Start Date:  
10/1/2002End Date:  
9/30/2005

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

Pathways School-based Mentor Program

## Estimated Funding

14a. Federal	\$	475,018.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	475,018.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

Linda B. Thompson

## b. Title Executive Director

c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678

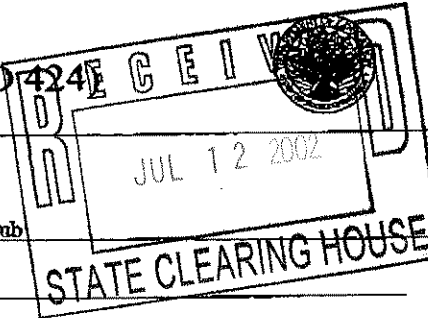
d. E-Mail Address: PathwaysTYF@attbi.com

e. Signature of Authorized Representative  

Date: 6/27/2002

# Application for Federal Education Assistance (ED 424)

U.S. Department of Education

 Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004
**Applicant Information****1. Name and Address**Legal Name: Antelope Valley Athletic ClubAddress: 45116 13<sup>th</sup> Street WestLancaster

City

CA

State

Los Angeles

County

93534-2156

ZIP Code + 4

**Organizational Unit**Antelope Valley Athletic Club2. Applicant's D-U-N-S Number 7 7 1 0 1 5 4 9 8 1 7 1 03. Applicant's T-I-N 7 7 1 1 0 1 5 4 9 8 1 7 1 04. Catalog of Federal Domestic Assistance #: 84. 1 8 4 BTitle: Mentoring Programs6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify): \_\_\_\_\_

5. Project Director: Gary ThomasAddress: 45116 13<sup>th</sup> Street WestLancaster

City

CA

State

93534

Zip code + 4

2156Tel. #: ( 661 ) 951-8553Fax #: ( 661 ) 942-2621E-Mail Address: avac01@cs.com**Application Information****9. Type of Submission:**☐ PreApplication☐ Application☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 02☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): \_\_\_\_\_☐ No (Provide Assurance #): \_\_\_\_\_

13. Descriptive Title of Applicant's Project:

AVAC family (fostering, administering, mentoring, investing in the lives of youth) Program11. Proposed Project Dates: 08 / 01 / 02 07 / 31 / 05

Start Date:

End Date:

**Estimated Funding**14a. Federal \$ 181,180.00b. Applicant \$ 00c. State \$ 00d. Local \$ 00e. Other \$ 00f. Program Income \$ 00g. TOTAL \$ 181,180.00**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Gary Thomasb. Title: Executive Directorc. Tel. #: ( 661 ) 951-8553 Fax #: ( 661 ) 942-2126d. E-Mail Address: avac01@cs.com

e. Signature of Authorized Representative

Gary ThomasDate: 07 / 02 / 02

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 07/12/2002		Applicant Identifier JU 12 2002	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
				FEDERAL IDENTIFIER EPA #X-88947701-2	
5. APPLICANT INFORMATION					
Legal Name: CSU, Chico Research Foundation			Organizational Unit: Aquatic Bioassessment Lab		
Address (give city, county, State, and zip code): Kendall Hall, Room 114 CSU, Chico Chico, CA 95929-0870			Name and telephone number of person to be contacted on matters involving this application (give area code) Jim Harrington		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0386518			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
			9. NAME OF FEDERAL AGENCY: EPA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigating, & Spec.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Bioassessment		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 8/31/02	Ending Date 6/30/03	a. Applicant Second		b. Project All	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 30,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/12/02			
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL	\$ 30,000.00				
a. Type Name of Authorized Representative Jeff Wright		b. Title Director, Sponsored Programs		c. Telephone Number (530) 898-5700	
d. Signature of Authorized Representative <i>Signature for Jeff Wright</i>		e. Date Signed 7/11/02			

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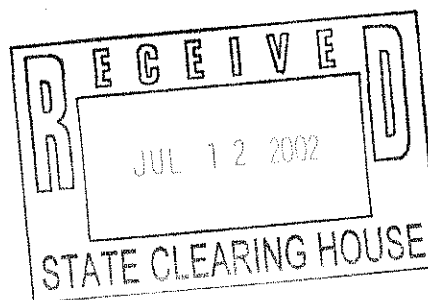
Prescribed by OMB Circular A-102



CSU, Chico  
Research  
Foundation

July 12, 2002

California State Clearinghouse  
Office of Planning & Research  
P.O. Box 3044  
Sacramento, CA 95812-3044



**RE: The CSU, Chico Research Foundation/Special investigations to develop regional reference conditions and promote biological criteria in California (CFDA # 66.606)**

Dear State Clearinghouse:

As per federal requirements under Executive Order 12372, enclosed please find one (1) copy of Form 424, entitled: "Special investigations to develop regional reference conditions and promote biological criteria in California" (CFDA # 66.606) submitted by the CSU, Chico Research Foundation to the U.S. Environmental Protection Agency. Please review and forward you comments prior to August 31, 2002 to:

Melinda Taplin  
Grants Management Office, PMD-7  
Policy and Management Protection Agency  
75 Hawthorne Street  
San Francisco, CA 94105

If you have any questions, please do not hesitate to call me at 530-898-6543, or e-mail: (dmjohnson2@csuchico.edu).

Thank you for your timely assistance in this matter.

Sincerely,

Diane M. Johnson  
Office of Sponsored Programs

COPY

# Application for Federal Education Assistance

## Applicant Information

RECEIVE

ED 424

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## 1. Name and Address

Legal Name: Gateway Unified School District

Address: 4411 Mountain Lakes Boulevard

Redding

City

CA

State

Shasta

County

## 2. Applicant's D-U-N-S Number

6 0 6 8 0 5 6 1 2

## 3. Applicant's T-I-N

9 4 - 0 3 1 4 3 9 2

## 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Safe and Drug-Free Schools Program -- Mentoring Programs

## 5. Project Director: Lynn Miller

Address: 4620 Vallecito Street

Shasta Lake

City

CA

State

96019

ZIP Code + 4

Tel. #: (530) 275-7057

Fax #: (530) 275-7009

E-Mail Address: lmiller@gsd.k12.ca.us

6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

## 8. Type of Applicant (Enter appropriate letter in the box.)

F

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

## 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 11. Proposed Project Dates:

Start Date:

9/2/2002

End Date:

9/1/2005

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

Project GAIN

Gateway's Academic Interagency Network

## Estimated Funding

14a. Federal	\$	192,893.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	192,893.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

Bill Tonkin

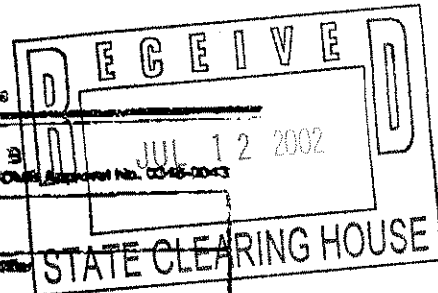
## b. Title Superintendent

c. Tel. #: (530) 245-7900 Fax #: (530) 245-7920

d. E-Mail Address: btonkin@gsd.k12.ca.us

e. Signature of Authorized Representative

Date: 6-20-02



# APPLICATION FOR FEDERAL ASSISTANCE

ATTACHMENT 9

OMB Approval No. 0545-0043

## 1. TYPE OF SUBMISSION:

- ☒ Application  
☐ Distribution  
☐ Construction  
☐ Non-Construction

2. DATE RECEIVED BY STATE  
7-11-02

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

Community Equity Partners, Inc.

Address (City, County, State, and Zip Code):

6601 Center Drive West #500  
Los Angeles, Ca 90045

Organizational Unit:

Economic Development:

Please print telephone number of person to be contacted on matters involving this application (give area code):

310 348-8177

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN)

93-4752478

## 8. TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

- A. Increase Amount B. Decrease Amount C. Increase Duration  
 D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

- A. State B. County C. Municipality D. Township E. Interstate F. Incorporated G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) non-profit

## 9. NAME OF FEDERAL AGENCY:

DHHS-ACF/OCS

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93-5710

TITLE: CSBG Disc

## 12. AREAS AFFECTED BY PROJECT (City, County, State, etc.):

Los Angeles County

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Business Development expansion loan  
Priority Area 3  
Developmental Project

## 13. PROPOSED PROJECT

Start Date: 10-1-02  
Ending Date: 9-30-05

## 14. CONGRESSIONAL DISTRICTS OF:

Hon. Diane Watson (32nd)

## 15. PROJECT:

Hon. Lucille Roybal-Allord (33rd Dist)

## 16. ESTIMATED FUNDING:

a. Federal	\$ 350,000
b. Applicant	\$
c. State	\$
d. Local	\$ 250,000
e. Other	\$ 2,400,000
f. Program Income	\$
g. TOTAL	\$ 3,000,000

## 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 18572 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 18572 PROCESS FOR REVIEW ON:

7-12-02

DATE

- b. No. ☐ PROGRAM IS NOW COVERED BY E.O. 18572  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT INDEBTED TO ANY FEDERAL DEBT?

☐ Yes ☒ No, attach an explanation.

19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE INFORMATION HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

A. Type Name of Authorized Representative

Samuel Hughes

B. Title

Co-Executive Director

C. Telephone Number

310 348-8177

D. Date Signed

7-12-02

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 Prescribed by GSA Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

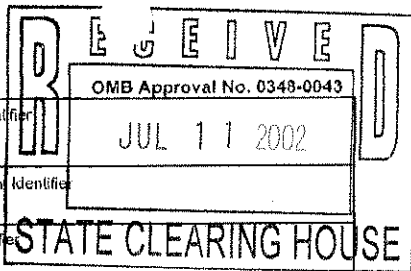
OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b> State Application Identifier JUL 11 2002 <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">STATE CLEARING HOUSE</div>	
<b>5. APPLICANT INFORMATION</b> Legal Name: Faith Based Community Development Corporation Address (give city, county, State, and zip code): 169 Roymar Road, Suite "C" Oceanside, CA 92054				Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Daniel Scott (760) 435-0600	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">33-0826729</div>				<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">N</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Nonprofit</u> </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 30%;">           A. Increase Award            D. Decrease Duration         </div> <div style="width: 30%;">           B. Decrease Award            Other (specify):         </div> <div style="width: 30%;">           C. Increase Duration         </div> </div>				<b>9. NAME OF FEDERAL AGENCY:</b> DHHS-ACF/OCS	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> CSBG <span style="border: 1px solid black; padding: 0 5px;">93-570</span> TITLE: Community Economic Development				<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Priority Area 4 Community Economic Development Planning Project	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Oceanside, San Diego, CA					
<b>13. PROPOSED PROJECT</b> Economic Develop		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 48 & 51			
Start Date	Ending Date	a. Applicant		b. Project	
1/2003	12/31/03	48		48 & 51	
<b>15. ESTIMATED FUNDING:</b>				<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>7/9/02</u>  b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal		\$ 75,000			
b. Applicant		\$			
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 75,000		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
Daniel Scott		Executive Director		(760) 435-0600	
d. Signature of Authorized Representative				e. Date Signed	
				July 9, 2002	

Previous Edition Usable  
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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

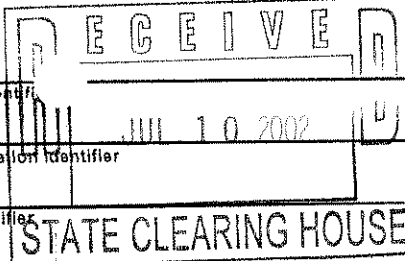
Priority Area 4



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/15/2002		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Regents of the University of California			Organizational Unit: Institute of Marine Sciences		
Address (give city, county, state, and zip code): University of California, Santa Cruz 1156 High Street Santa Cruz, California 95064 Santa Cruz County			Name and telephone number of the person to be contacted on matters involving this application (give area code): Tech. Steve Berkeley (831) 459-3530 Admin. Lynne VanDerKamp (831) 459-1574		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 5 3 9 5 6 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 4 2 7 TITLE: Fisheries Development and Utilization Research and Development Grants And Cooperative Agreements Program			9. NAME OF FEDERAL AGENCY: NOAA-NMFS Saltonstall-Kennedy		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): California, Washington, Oregon			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pilot Project: Testing the Feasibility of pot gear to Catch Petral Sole and reduce rockfish by catch		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 1/1/03	Ending Date 5/31/04	a. Applicant 17th		b. Project 17th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 117,400.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/15/02			
b. Applicant	\$ 35,282.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 152,682.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Lynne VanDerKamp		b. Title Sr. Research Administrator OSP		c. Telephone number (831) 459-1574	
d. Signature of Authorized Representative 				e. Date Signed 7/12/02	

# APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>7-8-02</u>		Applicant Identifier <u>100</u>																													
3. DATE RECEIVED BY STATE 		State Application Identifier 		4. DATE RECEIVED BY FEDERAL AGENCY 																													
5. APPLICANT INFORMATION Legal Name: <u>Ukiah Valley Cultural and Recreational Center</u> Address (give city, county, state, and zip code): <u>P.O. Box 561</u> <u>Ukiah, CA 95482</u>		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Deborah Mead 707 462 8562</u>																															
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>9</u> <u>4</u> - <u>3</u> <u>2</u> <u>7</u> <u>3</u> <u>6</u> <u>9</u> <u>1</u> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float: right; border: 1px solid black; padding: 2px;"><u>N</u></span> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>non profit corp.</u> </div> </div>																															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other (specify):</div> <div>C. Increase Duration</div> </div>		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>1</u> <u>0</u> - <u>7</u> <u>6</u> <u>6</u> </div> TITLE: <u>Rural Housing Services</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Multi-use community facility for after school activities, Public health outreach, adult classes, Boys and Girls Club and community activities</u>																															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <u>City/County Ukiah/Mendocino</u>		13. PROPOSED PROJECT Start Date <u>8/02</u> Ending Date <u>10/03</u>																															
14. CONGRESSIONAL DISTRICTS OF: <u>Mike Thompson</u>		a. Applicant <u>Ukiah Val. Cult. Rec Cn</u> b. Project <u>Community Center</u>																															
15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:30%;">USDA</td> <td style="width:20%;">\$</td> <td style="width:20%;">50,000</td> </tr> <tr> <td>b. Applicant</td> <td>Donat.</td> <td>\$</td> <td>1,750,000</td> </tr> <tr> <td>c. State</td> <td>CDBG CDE</td> <td>\$</td> <td>1,750,000</td> </tr> <tr> <td>d. Local</td> <td>School Dist</td> <td>\$</td> <td>2,000,000</td> </tr> <tr> <td>e. Other</td> <td>Foundation</td> <td>\$</td> <td>00,000</td> </tr> <tr> <td>f. Program Income</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>g. Total</td> <td></td> <td>\$</td> <td>6,250,000 0.00</td> </tr> </table>		a. Federal	USDA	\$	50,000	b. Applicant	Donat.	\$	1,750,000	c. State	CDBG CDE	\$	1,750,000	d. Local	School Dist	\$	2,000,000	e. Other	Foundation	\$	00,000	f. Program Income		\$		g. Total		\$	6,250,000 0.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7-2-02</u> <input type="checkbox"/> NO PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	USDA	\$	50,000																														
b. Applicant	Donat.	\$	1,750,000																														
c. State	CDBG CDE	\$	1,750,000																														
d. Local	School Dist	\$	2,000,000																														
e. Other	Foundation	\$	00,000																														
f. Program Income		\$																															
g. Total		\$	6,250,000 0.00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative <u>Deborah Mead</u>		b. Title <u>Executive Director</u>		c. Telephone Number <u>707 462 8562</u>																													
d. Signature of Authorized Representative <u>Deborah Mead</u>		e. Date Signed <u>7-2-02</u>																															

# Application for Federal Education Assistance (ED 449)

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Antelope Valley Athletic Club

Address: 45116 13<sup>th</sup> Street West

Lancaster

City

CA

State

Los Angeles

County

93534 - 2156

ZIP Code + 4

2. Applicant's D-U-N-S Number 7 7 0 5 4 9 8 7 0

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 7 7 - 0 5 4 9 8 7 0

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Gary Thomas

Address: 45116 13<sup>th</sup> Street West

Lancaster CA 93534 2156

City State Zip code + 4

Tel. #: ( 661 ) 951-8553 Fax #: ( 661 ) 942 - 2621

E-Mail Address: avac01@cs.com

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify):

## Application Information

### 9. Type of Submission:

-PreApplication

-Application

Construction

Construction

Non-Construction

X Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372

process for review): 07 / 02 / 02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

AVAC f.a.m.i.l.y. (fostering, administering, mentoring, investing in the lives of youth) Program

11. Proposed Project Dates: 08 / 01 / 02 07 / 31 / 05

Start Date:

End Date:

## Estimated Funding

14a. Federal \$ 181,180.00

b. Applicant \$ 00

c. State \$ 00

d. Local \$ 00

e. Other \$ 00

f. Program Income \$ 00

g. TOTAL \$ 181,180.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Gary Thomas

b. Title: Executive Director

c. Tel. #: ( 661 ) 951 - 8553 Fax #: ( 661 ) 942 - 2126

d. E-Mail Address: avac01@cs.com

e. Signature of Authorized Representative

Gary Thomas

Date: 07 / 02 / 02

37292

Federal Register/Vol. 67, No. 102/Tuesday, May 28, 2002/Notices

APPLICATION FOR  
FEDERAL ASSISTANCE

ATTACHMENT B

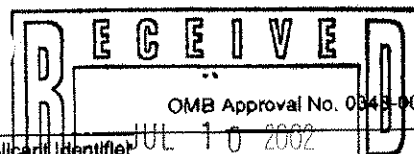
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 12, 2002		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Charles W. Dunn Jr. Inc			Organizational Unit:		
Address (give city, county, State, and zip code): 430 E. Mendocino Street Altadena, CA 91001			Name and telephone number of person to be contacted on matters involving this application (give area code): Sharon A. Miller CEO/Chairperson (626) 798-5100		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4643348			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Interjurisdictional <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <u>None - Profit Corporation</u>		
			9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CSBG Community Economic Development FILE AWARDS 93-570			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PP- Priority Area 4 Community Economic Development (Planning Projects)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LOS ANGELES COUNTY					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Adam Schiff 27th District			
Start Date 10-1-02	Ending Date 10-1-03	a. Applicant		b. Project District in Los Angeles County	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 75,000	b. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 7/11/02			
b. Applicant	\$	c. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 75,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Sharon A. Miller		b. Title CEO/Chairperson		c. Telephone Number (626) 798-5100	
d. Signature of Authorized Representative Sharon A. Miller		e. Date Signed 7/16/02			

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

Grants Coordination, State  
Clearinghouse, Office of Planning  
and Research  
P.O. Box 3044, Room 222  
Sacramento, California 95812-3044

# APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/12/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

STATE CLEARING HOUSE

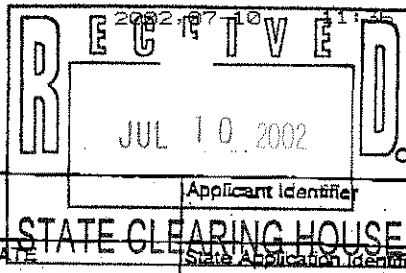
5. APPLICANT INFORMATION	
Legal Name: <b>San Fernando Valley Small Business Development Corporation</b>	Organizational Unit: <b>n/a</b>
Address (give city, county, State, and zip code): <b>12502 Van Nuys Blvd., #119 Pacoima, CA 91331</b>	Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Roberto Barragan, 818-907-9977</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 3464246</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <b>non profit Economic Development Corp.</b>
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: <b>Department of Health and Human Services.</b>

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>Community Services Block 93 - 570 Grant-Discretionary Awards (Urban TITLE: Rural Economic Development)</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Pacoima Business Incubation Project</b>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Northeast San Fernando Valley, CA</b>	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date <b>10/1/02</b>	Ending Date <b>2/28/04</b>
a. Applicant <b>26</b>	b. Project <b>26</b>
15. ESTIMATED FUNDING:	
a. Federal	\$ <b>699 998</b>
b. Applicant	\$ <b>41 446</b>
c. State	\$
d. Local	\$
e. Other	\$ <b>157 123</b>
f. Program income	\$
g. TOTAL	\$ <b>898 567</b>
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>7/9/02</b>	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <b>Roberto Barragan</b>	b. Title <b>President</b>	c. Telephone Number <b>818-907-9977</b>
d. Signature of Authorized Representative		e. Date Signed <b>7/8/02</b>

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

## 1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☐ Construction☐ Non-Construction2. DATE SUBMITTED  
07/01/02

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: The Yurok Tribe

Organizational Unit:

Federally Recognized Indian Tribe

Address (give city, county, State, and zip code):

1034 6th Street  
Eureka, CA 95501Name and telephone number of person to be contacted on matters involving  
this application (give area code)

Nancy Atkinson (707) 444-0433

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0178020

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection  
Agency, Region 9

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Drinking Water

Infrastructure Tribal

TITLE: Set-Aside Program

66-468

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Del Norte County, California

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Yurok Tribe - McBeth Water  
System Improvement Project

## 13. PROPOSED PROJECT:

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

Oct. 2002

Ending Date

Dec. 2004

a. Applicant

First District

b. Project

First District

## 15. ESTIMATED FUNDING:

a. Federal \$ 1,028,870

b. Applicant \$

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 1,028,870

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON:

DATE 07/01/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE  
FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☐ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE  
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

1. Type Name of Authorized Representative

Susan Masten

b. Title

Chairperson

c. Telephone Number

(707) 444-0433

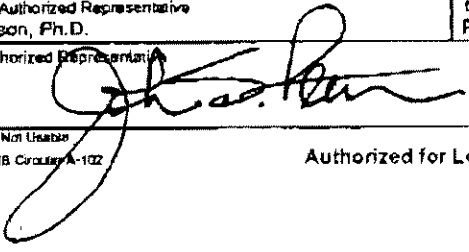
2. Signature of Authorized Representative

e. Date Signed

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 10, 2002		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

**RECEIVED**  
 OMB Approval No. 0346-0043  
 JUL - 9 2002  
**STATE CLEARING HOUSE**

5. APPLICANT INFORMATION		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)																						
Legal Name: <b>Sequoia Foundation</b>		Organizational Unit:																						
Address (give city, county, state, and zip code): <b>2166 Avenida de la Playa, Suite D La Jolla, CA 92037</b>		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code): <b>PI: Marilyn Underwood, PhD (510) 822-4415 munderwo@dhs.ca.gov</b> <b>ADMIN. CONTACT: Pam Petres (858) 459-0434 laipetree@aol.com</b>																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>33 - 0100208</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>[N]</b> A. State                      H. Independent School Dist. B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal           M. Profit Organization G. Special District        N. Other (Specify) <u>non-profit corporation</u>																						
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):		9. NAME OF FEDERAL AGENCY:  <b>U.S. Environmental Protection Agency - ORD - NCER</b>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <b>6 8 . 5 0 0</b>  TITLE: <b>2002-STAR - J1</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Holistic Risk Assessment: A State-Tribal Collaborative</b>																						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>San Diego County, California Humboldt County, California</b>																								
13. PROPOSED PROJECT: Start Date    Ending Date <b>1/01/03        12/31/05</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant                      b. Project <b>49                                  Districts 1, 49, and 50</b>																						
15. ESTIMATED TOTAL PROJECT FUNDING: <table border="1" style="width: 100%;"> <tr><td>a. Federal</td><td>\$ 450,000</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>.00</td></tr> <tr><td>c. State</td><td>\$ 45,719</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$ 495,719</td><td>.00</td></tr> </table>		a. Federal	\$ 450,000	.00	b. Applicant	\$	.00	c. State	\$ 45,719	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$ 495,719	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/8/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 450,000	.00																						
b. Applicant	\$	.00																						
c. State	\$ 45,719	.00																						
d. Local	\$	.00																						
e. Other	\$	.00																						
f. Program Income	\$	.00																						
g. TOTAL	\$ 495,719	.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Typed Name of Authorized Representative <b>John S. Petterson, Ph.D.</b>		b. Title <b>President, Board of Directors</b>																						
d. Signature of Authorized Representative 		c. Telephone number <b>(858) 459-0434</b> e. Date Signed <b>July 8, 2002</b>																						

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Standard Form 424 (REV 4-88)



# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

1. Name and Address  
Legal Name: Community Partners Organizational Unit  
Address: WYSE. Women and Youth Supporting Each Other  
606 S. Olive Street, Suite 2400 Finance and Administration  
Los Angeles  
City State County ZIP Code + 4  
CA Los Angeles 90014  
State County ZIP Code + 4

2. Applicant's D-U-N-S Number 036932072

3. Applicant's T-I-N 95-4302067

4. Catalog of Federal Domestic Assistance #: 84184B  
Title: Mentoring Programs

5. Project Director: Mina Kim  
Address: 634 S. Spring Street, Suite 902  
Los Angeles CA 90014  
City State ZIP Code + 4  
Tel. #: 213.488.4942 Fax #: 213.488.4999  
E-Mail Address: mina@wyse.org

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A State G Public College or University  
B Local H Private, Non-Profit College or University  
C Special District I Non-Profit Organization  
D Indian Tribe J Private, Profit-Making Organization  
E Individual K Other (Specify):  
F Independent School District

## Application Information

9. Type of Submission:  
—PreApplication —Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/02  
☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 8/30/2004

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?  
☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:  
WYSE California Expansion Project

## Estimated Funding

14a. Federal	\$	\$120,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	\$95,000	.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	\$215,000	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)  
JANET V. ELLIOTT

b. Title  
SVP FINANCE & ADMIN.

c. Tel. #: 213/439-9640 x16 Fax #: 213/439-9650

d. E-Mail Address: jelliott@communitypartners.org

e. Signature of Authorized Representative Janet V. Elliott Date: 7/1/02

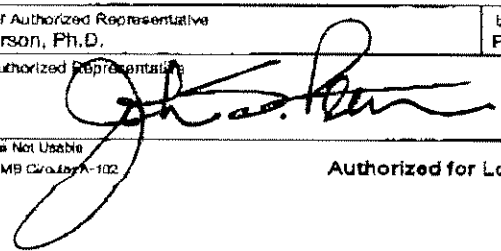
APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <b>California Wildlife Foundation</b>		Organizational Unit:	
Address (give city, county, state, and zip code): <b>1611 13<sup>th</sup> St. Suite B Sacramento, CA. 95814</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Peter L. Haaker (562)342-7181</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>8 - 0234744</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipality D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <b>Non-Profit foundation</b>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):		9. NAME OF FEDERAL AGENCY: <b>National Marine Fisheries Service</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements <b>11 - 427</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Rebuilding white abalone in Southern California: Assessment, Culture, Genetics, and Disease</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Southern California ocean waters</b>		<b>RECEIVED</b> <b>JUL - 9 2002</b>	
13. PROPOSED PROJECT Start Date: <b>10/1/02</b> Ending Date: <b>9/30/03</b>			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <b>5<sup>th</sup> District</b>		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <b>YES</b>	
15. ESTIMATED FUNDING:		16. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ <b>237,781</b> .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant \$ .00			
c. State \$ <b>61,961</b> .00			
d. Local \$ .00			
e. Other \$ <b>20,000</b> .00			
f. Program Income \$ .00			
g. TOTAL \$ <b>331,094</b> .00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative: <b>Tom Martens</b>		b. Title: <b>Executive Director</b>	
c. Telephone Number: <b>(916)446-2956</b>		d. Date Signed	
d. Signature of Authorized Representative			

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 10, 2002		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Applicant Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)					
Legal Name Sequoia Foundation			Organizational Unit:		
Address (give city, county, state, and zip code): 2166 Avenida de la Playa, Suite D La Jolla, CA 92037			Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) Pl: Marilyn Underwood, PhD (510) 822-4415 munderwo@dhs.ca.gov  ADMIN. CONTACT: Pam Petree (858) 459-0434 laipetree@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33 - 0100208			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) non-profit corporation		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 88 - 500 TITLE: 2002-STAR - J1			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Holistic Risk Assessment: A State-Tribal Collaborative		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Diego County, California Humboldt County, California			<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUL - 9 2002 STATE CLEARING HOUSE </div>		
13. PROPOSED PROJECT: Start Date: 1/01/03 Ending Date: 12/31/05 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 49 b. Project: Districts 1449 and 150					
15. ESTIMATED TOTAL PROJECT FUNDING: a. Federal: \$ 450,000 .00 b. Applicant: \$ .00 c. State: \$ 45,719 .00 d. Local: \$ .00 e. Other: \$ .00 f. Program Income: \$ .00 g. TOTAL: \$ 495,719 .00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/8/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative John S. Peterson, Ph.D.			b. Title President, Board of Directors		c. Telephone number (858) 459-0434
d. Signature of Authorized Representative 			e. Date Signed July 8, 2002		

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Standard Form 424 (REV 4-88)

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0346-0041

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		3. Date Received by State	State Application Identifier
		4. Date Rec'd by Fed Agency	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name State Water Resources Control Board	Organizational Unit Division of Clean Water Programs
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth L. Haven (916) 341-5608

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

15-00000-2811366

## 7. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

## 8. Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award  
C. Increase Duration D. Decrease Duration  
Other (Specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School Dist.  
I. State Institute Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual  
M. Profit Organization  
N. Other (Specify):

## 9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER

66-18051

TITLE: Leaking Underground Storage Tank Trust Fund Program

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc)

City of Los Angeles

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Funds will support redevelopment of abandoned and underutilized former gas station sites.

## 13. PROJECT START DATE

Ending Date  
9/30/03

## 14. CONGRESSIONAL DISTRICT OF:

a. Applicant  
3  
b. Project  
California-All

## 15. ESTIMATED FUNDING

a. Federal	\$	100,000.00
b. Applicant	\$	.00
c. State	\$	11,111.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	111,111.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on:

Date: July 8, 2002

b. NO: ☐ Program is not covered by EO 12372.☐ Or program has not been selected by state for review.

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

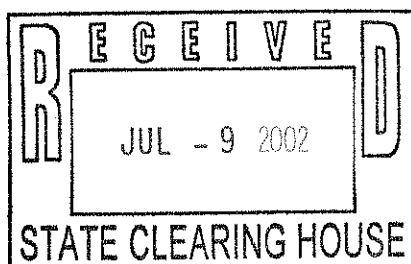
☐ Yes, attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Estate Canto	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

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## Attachment B-1

OMB Approval No. 0348-004

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Applicant Identifier  State Application Identifier  Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Community Resource Project, Inc.			Organizational Unit: Family Learning Center		
Address (give city, county, State, and zip code): 250 Harris Ave., Suite 1 Sacramento, CA 95838			Name and telephone number of person to be contacted on matters involving this application (give area code) Louise Perez (916) 567-5220 x 233		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2280427			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>501 (C) 3 Non-profit</u> </div> </div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):			<b>9. NAME OF FEDERAL AGENCY:</b> Office of Community Services, OCS		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93-5711 TITLE:			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Nutrition Project		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Northern California Galt, Citrus Heights in Sacramento County			<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>          JUL - 9 2002  <b>STATE CLEARING HOUSE</b> </div>		
<b>13. PROPOSED PROJECT</b> Nutrition Project					
<b>14. CONGRESSIONAL DISTRICTS OF:</b> 3		<b>15. ESTIMATED FUNDING:</b> \$50,000			
Start Date: 10/02    Ending Date: 9/03		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/03/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Applicant: Community Resource Project		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
b. Project: Northern Project		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Louise A. Perez		b. Title Executive Director		c. Telephone Number (916) 567-5220 x 233	
d. Signature of Authorized Representative		e. Date Signed 07/03/02			

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 06/14/2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

RECEIVED  
 JUL - 9 2002  
 STATE CLEARING HOUSE

<b>5. APPLICANT INFORMATION</b> Legal Name: New Directions, Inc.		Organizational Unit: New Directions North																					
Address (give city, county, state, and zip code): 11303 Wilshire Blvd., VA Bldg. 116 Los Angeles Los Angeles County CA 90073-1003		Name and telephone number of the person to be contacted on matters involving this application (give area code): Dr. Lorin Lindner, Clinical Director -(310) 914-4045, ext. 105 llindner@newdirectionsinc.org																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 4 2 4 2 7 4 5		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> [N]																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Private Nonprofit Organization																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 0 2 - 0 0 6 TITLE: Treatment for Homeless		<b>9. NAME OF FEDERAL AGENCY:</b> SAMHSA, CSAT																					
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Los Angeles County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Residential Dual Diagnosis Center for Homeless Veterans																					
<b>13. PROPOSED PROJECT:</b> Start Date: 12/01/2002 Ending Date: 11/30/2005		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 29 b. Project: 24-41 (Los Angeles County)																					
<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>473,509.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>80,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>50,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>330,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>355,780.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,289,289.00</td> </tr> </table>		a. Federal	\$	473,509.00	b. Applicant	\$	80,000.00	c. State	\$	50,000.00	d. Local	\$	.00	e. Other	\$	330,000.00	f. Program Income	\$	355,780.00	g. TOTAL	\$	1,289,289.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/14/2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$	473,509.00																					
b. Applicant	\$	80,000.00																					
c. State	\$	50,000.00																					
d. Local	\$	.00																					
e. Other	\$	330,000.00																					
f. Program Income	\$	355,780.00																					
g. TOTAL	\$	1,289,289.00																					
<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Typed Name of Authorized Representative Toni Reins		b. Title Executive Director																					
c. Telephone number (310) 914-4045		d. Date Signed 06/14/2002																					

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Coalition for Zero Violence

Address: 65 S. Grand Avenue, Suite 202

Pasadena  
City

CA  
State

County

91105-1602  
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 1 2 7 1 9 9 9 7

6. Novice Applicant Yes ☐ No ☒

3. Applicant's T-I-N 9 5 - 4 4 6 3 5 3 7

7. Is the applicant delinquent on any Federal debt? Yes ☐ No ☒  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.1 8 4 b

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Susan MacLean

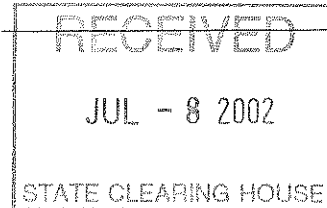
Address: 65 S. Grand Avenue, Suite 202

Pasadena CA 91105-1602  
City State Zip code + 4  
Tel. #: ( 626 ) 395 -7484 Fax #: ( 626 ) 395 - 7530

E-Mail Address: SusanMacLean@pacbell.net

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



## Application Information

### 9. Type of Submission:

-PreApplication -Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7 / 2 / 02

☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2002 9 / 30 / 2005  
Start Date: End Date:

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Pasadena Mentoring Program

## Estimated Funding

14a. Federal \$ 600,000.00  
b. Applicant \$ 0.00  
c. State \$ 0.00  
d. Local \$ 0.00  
e. Other \$ 0.00  
f. Program Income \$ 0.00  
g. TOTAL \$ 600,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

John M. Hitchcock

b. Title: Chairperson, Coalition for Zero Violence

c. Tel. #: ( 323 ) 254-2274 x232 Fax #: ( 323 ) 254-0598

d. E-Mail Address: jhitchcock@hillsides.org

e. Signature of Authorized Representative

Date: 7 / 1 / 02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: YMCA of Orange County

Address: 13821 Newport Avenue Suite 200

Organizational Unit

Tustin  
City

CA  
State

Orange  
County

92780 -  
ZIP Code + 4

2. Applicant's D-U-N-S Number 079543732

3. Applicant's T-I-N 95-1644055

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Youth Achievers

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Adrienne Stokols

Address: 13821 Newport Avenue Suite 200

Tustin CA 92780  
City State Zip code + 4  
Tel. #: (714) 549-9622 Fax #: (714) 838-5976

E-Mail Address: astokols@ymcaoc.net

## Application Information

### 9. Type of Submission:

☒ PreApplication ☐ Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/02/2002

☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/02/02 9/30/05  
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

School based mentoring for youth at risk of school failure and/or delinquency.

## Estimated Funding

14a. Federal \$ 592,881.00  
b. Applicant \$ 381,150.00  
c. State \$ .00  
d. Local \$ .00  
e. Other \$ .00  
f. Program Income \$ .00  
g. TOTAL \$ 974,031.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Peggy Carollo

b. Title: Chief Financial Officer

c. Tel. #: (714) 549-9622 Fax #: (714) 838-5976

d. E-Mail Address: pcarollo@ymcaoc.net

e. Signature of Authorized Representative

Peggy Carollo

Date: 7/1/02



# DOT



# FTA

U.S. Department of  
Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X970-02
Budget Number:	3 - Budget Pending Approval
Project Information:	FY00 - Capital Assistance

### Part 1: Recipient Information

Project Number:	CA-90-X970-02
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

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### Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$235,501,467
Project Number:	CA-90-X970-02	Adjustment Amt:	\$0
Project Description:	FY00 - Capital Assistance	Total Eligible Cost:	\$235,501,467
Recipient Type:	Transit Authority	Total FTA Amt:	\$198,492,448
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	\$37,009,019
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified
Start/End Date:	Jun. 01, 1998 - Jul. 31, 2007
Recvd. By State:	Jul. 03, 2002
EO 12372 Rev:	YES
Review Date:	Dec. 31, 2001
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	19 - 25
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES, CA

### **Congressional Districts**

State ID	District Code	District Official
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	32	Diane E Watson
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Norwalk-La Mirada Unified School District

Address : 12820 S. Pioneer Blvd.

Norwalk      CA      Los Angeles      90650-2875  
City      State      County      ZIP Code + 4

2. Applicant's D-U-N-S Number 0 7 7 9 7 7 0 7 2

3. Applicant's T-I-N 9 5 1 6 0 0 2 2 2 8

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Federal Mentoring Program

5. Project Director: Mr. Chris Forehan

Address: 12820 S. Pioneer Blvd.

Norwalk      CA      90650-2875  
City      State      ZIP Code + 4

Tel. #: (562) 868-0431 X2106      Fax #: (562) 868-7541

E-Mail Address: dickes\_kim@nlmusd.k12.ca.us

## Application Information

### 9. Type of Submission:

-PreApplication      -Application  
Construction      Construction  
X Non-Construction      Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
X Yes (Date made available to the Executive Order 12372  
process for review): 6/25/2002

   No (If "No," check appropriate box below.)  
   Program is not covered by E.O. 12372.  
   Program has not been selected by State for review.

11. Proposed Project Dates: 9/1/2002      8/31/2005  
Start Date:      End Date:

## Estimated Funding

14a. Federal      \$ 200,000.00  
b. Applicant      \$ 119,010.00  
c. State      \$ .00  
d. Local      \$ 729,000.00  
e. Other      \$ .00  
f. Program Income      \$ .00  
g. TOTAL      \$ 1,048,010.00

## Organizational Unit

Norwalk-La Mirada Unified School  
District

6. Novice Applicant      X Yes         No

7. Is the applicant delinquent on any Federal debt?    Yes X No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) [F]

A - State      F - Independent School District  
B - Local      G - Public College or University  
C - Special District      H - Private, Non-profit College or University  
D - Indian Tribe      I - Non-profit Organization  
E - Individual      J - Private, Profit-Making Organization

K - Other (Specify):   

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JUL - 8 2002

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12. Are any research activities involving human subjects planned at  
any time during the proposed project period?  
   Yes (Go to 12a.)      X No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?

   Yes (Provide Exemption(s) #):   

   No (Provide Assurance #):   

13. Descriptive Title of Applicant's Project:

Federal Mentoring Program

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true  
and correct. The document has been duly authorized by the governing body of the applicant  
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Ginger Shattuck

b. Title: Superintendent

c. Tel. #: (562) 868-0431 X2200      Fax #: (562) 868-7541

d. E-Mail Address: gshattuck@nlmusd.k12.ca.us

e. Signature of Authorized Representative

Ginger Shattuck

Date: 6/27/2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: San Jacinto Unified School District

Address : 2045 S. San Jacinto Ave

San Jacinto      CA      Riverside      92583- 5626  
City      State      County      ZIP Code + 4

2. Applicant's D-U-N-S Number 0 7 0 9 3 8 3 2 9

3. Applicant's T-I-N 3 3 - 0 7 1 9 1 6 2

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Federal Mentoring Program

### 5. Project Director: Myrna Rohr

Address : 2045 S. San Jacinto Ave

San Jacinto      CA      92583- 5626  
City      State      ZIP Code + 4

Tel. #: (909) 929-7700 X4259      Fax #: (909) 929-2890

E-Mail Address: mrohr@sanjacinto.k12.ca.us

## Organizational Unit

San Jacinto Unified School District

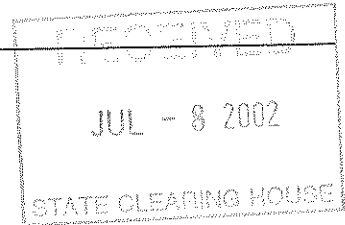
6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☒ F

A - State      F - Independent School District  
B - Local      G - Public College or University  
C - Special District      H - Private, Non-profit College or University  
D - Indian Tribe      I - Non-profit Organization  
E - Individual      J - Private, Profit-Making Organization

K - Other (Specify):



## Application Information

### 9. Type of Submission:

-PreApplication      -Application  
Construction      Construction  
☒ Non-Construction      ☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372  
process for review): 6/27/2002

☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 9/15/2002      8/14/2005  
Start Date:      End Date:

12. Are any research activities involving human subjects planned at  
any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?  
☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Federal Mentoring Program

## Estimated Funding

14a. Federal \$ 200,000.00  
b. Applicant \$ 55,700.00  
c. State \$ .00  
d. Local \$ 273,600.00  
e. Other \$ .00  
f. Program Income \$ .00  
g. TOTAL \$ 529,300.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true  
and correct. The document has been duly authorized by the governing body of the applicant  
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Peter Demyan

b. Title: Superintendent

c. Tel. #: (909) -929-7700      Fax #: (909) -929-2890

d. E-Mail Address: pdemyan@sanjacinto.k12.ca.us

e. Signature of Authorized Representative

Date: 6/28/2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Alvord Unified School District

Address : 10365 Keller Avenue

Riverside  
City

CA  
State

Riverside  
County

92505-1398  
ZIP Code + 4

Organizational Unit

Alvord Unified School District

2. Applicant's D-U-N-S Number 0 6 6 1 5 1 7 4 7 1

3. Applicant's T-I-N 9 1 1 1 7 9 4 3 9 0 1

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Federal Mentoring Program

### 5. Project Director: Gale Gorke

Address: 10365 Keller Avenue

Riverside  
City

CA  
State

92505 1398  
Zip code + 4

Tel. #: (909) 351-7557 Fax #: (909) 351-9382

E-Mail Address: ggorke@alvord.k12.ca.us

## Application Information

### 9. Type of Submission:

-PreApplication -Application  
Construction Construction  
X Non-Construction Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 6/26/2002  
   No (If "No," check appropriate box below.)  
   Program is not covered by E.O. 12372.  
   Program has not been selected by State for review.

11. Proposed Project Dates: 9/15/2002  
Start Date:

8/14/2005  
End Date:

## Estimated Funding

14a. Federal \$ 200,000. 00  
b. Applicant \$ 52,800. 00  
c. State \$ 15,790. 00  
d. Local \$ 57,260. 00  
e. Other \$ . 00  
f. Program Income \$ . 00  
g. TOTAL \$ 325,850. 00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Ronald G. Bennett, Ed.D.

b. Title: Superintendent

c. Tel. #: (909) -509-5070 Fax #: (909) -509-6070

d. E-Mail Address: rbennett@alvord.k12.ca.us

e. Signature of Authorized Representative

Ronald G. Bennett

Date: 7/01/2002

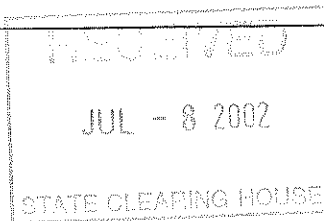
6. Novice Applicant X Yes    No

7. Is the applicant delinquent on any Federal debt?    Yes X No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) E

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



12. Are any research activities involving human subjects planned at any time during the proposed project period?  
   Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

   Yes (Provide Exemption(s) #):  
   No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Federal Mentoring Program

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Catholic Healthcare West DBA California Hospital Medical Center

Address: 1401 South Grand Avenue

### Organizational Unit

Hope Street Family Center

Los Angeles  
City

CA  
State

Los Angeles  
County

90015 -  
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 | 5 | 3 | 8 | 7 | 9 | 2 | 3 | 5 |

6. Novice Applicant ☐ Yes ☒ No

3. Applicant's T-I-N 9 | 4 | - | 1 | 1 | 9 | 6 | 2 | 0 | 3 |

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Vickie Kropenske

Address: 1401 S. Grand Ave.

Los Angeles CA 90015  
City State Zip code + 4

Tel. #: (213) 742-5893 Fax #: (213) 742-5875

E-Mail Address: rhume@chw.edu

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

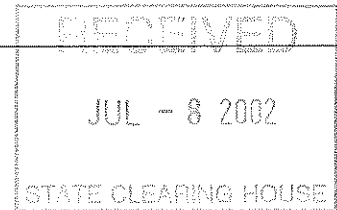
G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify):



## Application Information

### 9. Type of Submission:

PreApplication

Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372 process for review):    /   /   

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Hope Street Mentoring Program

11. Proposed Project Dates: 10/1/02

Start Date:

9/30/05

End Date:

## Estimated Funding

14a. Federal \$ 200,000.00

b. Applicant \$ 23,624.00

c. State \$       .00

d. Local \$       .00

e. Other \$       .00

f. Program Income \$       .00

g. TOTAL \$ 223,624.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Mark A. Meyers

b. Title: President

c. Tel. #: (213) 742-5778 Fax #: (213) 765-4078

d. E-Mail Address: meyersm@chw.edu

e. Signature of Authorized Representative

Mark A. Meyers

Date: 7/1/02

# Application for Federal Assistance

OMB Approval No. 0348-0043

<b>1. Type of Submission</b> <b>Application</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <b>Rehab</b> <input type="checkbox"/> Non-Construction <b>Pre-application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. Date Submitted (mm/dd/yyyy)</b> 07/02/2002	<b>Applicant Identifier</b>
	<b>3. Date Received by State (mm/dd/yyyy)</b>	<b>State Application Identifier</b>
	<b>4. Date Received by Federal Agency (mm/dd/yyyy)</b>	<b>Federal Identifier</b>

<b>5. Applicant Information</b> <b>Legal Name</b> MONTEREY VISTA MOBILE HOME PARK <b>Address (give city, county, State, and zip code)</b> 144 HOLM ROAD #2 WATSONVILLE, CA 95076	<b>Organizational Unit</b> Monterey Vista Mobile Estates Homeowners Assoc. Inc. <b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> DAVID SEMELSBERGER TEL (619) 544-0123 FAX (619) 544-9110
---	---

<b>6. Employer Identification Number (EIN) (xx-yyyymm)</b> 77 — 0574050	<b>7. Type of Applicant (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)
--	---

<b>8. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	<b>9. Name of Federal Agency</b> U.S. DEPT. OF HUD <b>11. Descriptive Title of Applicant's Project</b> This is an acquisition of a 123-space mobile home park including clubhouse, to be financed under the FHA-Section 207(m) program.
---	--

<b>10. Catalog of Federal Domestic Assistance Number (xx-yyy)</b> Title: FHA Section 207(m)	<b>12. Areas Affected by Project (cities, counties, States, etc.)</b> Watsonville, Santa Cruz, California
--	--

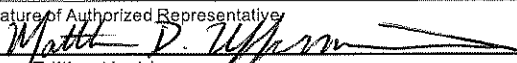
<b>13. Proposed Project</b> Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	<b>14. Congressional Districts of</b> a. Applicant 17th District of California b. Project 17th District of California
---	---

**15. Estimated Funding**  

Complete form HUD-424-M, Funding Matrix

**16. Is Application Subject to Review by State Executive Order 12372 Process?**  
a. **Yes** This pre-application/application was made available to the State Executive Order 12372 Process for review on:  
Date (mm/dd/yyyy) 07/02/2002  
b. **No** ☐ Program is not covered by E.O. 12372  
or ☐ Program has not been selected by State for review.  
**17. Is the Applicant Delinquent on Any Federal Debt?**  
☐ Yes If "Yes," attach an explanation ☒ No

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

<b>a. Typed Name of Authorized Representative</b> MATTHEW D. UFFERMAN	<b>b. Title</b> ANALYST	<b>c. Telephone Number (Include Area Code)</b> (614) 857-1595
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed (mm/dd/yyyy)</b>

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form SF-424 (7/97)  
Prescribed by OMB Circular A-102

## Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
FHA Section 207(m)		3,341,000					3,341,000
MPROP			1,500,000				1,500,000
<b>Grand Totals</b>		3,341,000	1,500,000				4,841,000

\* For FHIPs, show both initiative and component

### Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

**Program:** The HUD funding program you are applying under.

**Applicant Share:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Federal Share:** Enter the amount of HUD funds you are requesting with your application.

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

**Total:** Please total all columns and fill in the amounts.



# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b>  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier														
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier														
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier														
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: Bay Area Air Quality Management District		Organizational Unit:															
Address (give city, county, state, and zip code): San Francisco, CA 94109		Name and telephone number of the person to be contacted on matters involving this application (give area code) Ronald C. Raimondi, Finance Manager (415) 749-4957															
<b>6. EMPLOYER IDENTIFICATION (EIN):</b> 94-1622746		<b>7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u></b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):															
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>66606</u>  TITLE: Surveys, Studies, Investigations,		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Funding to Continue District's PM <sub>2.5</sub> Monitoring Network:  District's portion \$ 358,455.00 "In-Kind" portion 36,324.00 Total Project \$ 394,779.00															
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano & Sonoma																	
<b>13. PROPOSED PROJECT:</b> <table style="width:100%;"> <tr> <td style="width:50%;">Start Date 7/1/02</td> <td style="width:50%;">End Date 6/30/03</td> </tr> </table>		Start Date 7/1/02	End Date 6/30/03	<b>14. CONGRESSIONAL DISTRICT OF:</b> <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant: 02</td> <td style="width:50%;">b. Project: 04-13</td> </tr> </table>		a. Applicant: 02	b. Project: 04-13										
Start Date 7/1/02	End Date 6/30/03																
a. Applicant: 02	b. Project: 04-13																
<b>15. Estimated Funding:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:80%;">\$ 394,779.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 394,779.00</td> </tr> </table>		a. Federal	\$ 394,779.00	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 394,779.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: July 5, 2002 DATE _____  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 394,779.00																
b. Applicant	\$																
c. State	\$																
d. Local	\$																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 394,779.00																
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No																	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																	
a. Typed Name of Authorized Representative: Ellen Garvey		b. Title: Air Pollution Control Officer	c. Telephone Number: (415) 749-4970														
d. Signature of Authorized Representative:		e. Date Signed:															

# Application for Federal Education Assistance (ED 424)

STATE CLEARING HOUSE

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Saddleback Valley Unified School District

Address: 25631 Peter A. Hartman Way  
Mission Viejo, California 92691

### Organizational Unit

School District

City

State

County

Orange

(949) 586-1234

ZIP Code + 4

2. Applicant's D-U-N-S Number 0 8 5 5 8 9 1 4 1

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 9 5 - 2 8 2 3 5 9 6

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Carol Lerman

Address: S.V.U.S.D.  
25631 Peter A. Hartman Way  
Mission Viejo CA 92691

City State ZIP Code + 4

Tel. #: (949) 580-3222 Fax #: (949) 454-1711

E-Mail Address: lerman@svusd.k12.ca.us

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School District

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 6/27/02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Saddleback Valley Unified School District  
Mentoring Connection

11. Proposed Project Dates: Start Date: Fall 2002 End Date: Summer 2005

## Estimated Funding

14a. Federal	\$	179,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
1 Year			
g. TOTAL	\$	179,000	2.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Jerry C. Gross

b. Title

Superintendent

c. Tel. #: (949) 586-1234 Fax #: (949) 951-0994

d. E-Mail Address: grossj@svusd.k12.ca.us

e. Signature of Authorized Representative

Date: 6/25/02

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 8, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Catholic Charities of Los Angeles, Inc.		Organizational Unit: Our Lady of the Angels Region-Metro Area	
Address (give city, county, State, and zip code): 1531 James M. Wood Blvd. Los Angeles, CA 90015		Name and telephone number of person to be contacted on matters involving this application (give area code): Jackie Lazarus, 323-662-1462	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1690973		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Nonprofit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: DHHS ACF OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE: Community Food and Nutrition Prog.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Health Smart" will serve no less than 3,500 low income individuals by providing food and nutrition information.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Los Angeles County, CA			
13. PROPOSED PROJECT 12 months		14. CONGRESSIONAL DISTRICTS OF: 30th and 35th	
Start Date 8/01/02	Ending Date 7/31/03	a. Applicant Catholic Charities of LA	
		b. Project The Community Food and Nutrition Prog	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>July 8, 2002</u>	
b. Applicant	\$ 27,667	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 77,667	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Rev. Monsignor Gregory A. Cox		b. Title Executive Director	
c. Telephone Number 213-251-3464		d. Signature of Authorized Representative <i>Gregory A. Cox</i>	
e. Date Signed 7/8/02			

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Prescribed by OMB Circular A-102

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Shasta County Chemical People, Inc.

Address: P. O. Box 493777

Redding  
City

**RECEIVED**  
JUL - 8 2002  
**STATE CLEARING HOUSE**

Shasta  
County

96049 - 3777  
ZIP Code + 4

Organizational Unit

2. Applicant's D-U-N-S Number 5 5 5 5 6 6 3 6 3

3. Applicant's T-I-N 6 8 - 0 0 2 7 8 8 8

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Program

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Betty Cunningham

Address: P. O. Box 493777

Redding CA 96049-3777  
City State Zip code + 4

Tel. #: ( 530 ) 241 - 5958 Fax #: ( 530 ) 247 - 0915

E-Mail Address: drugfreel@cs.com

## Application Information

### 9. Type of Submission:

-PreApplication -Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2002 09 / 30 / 2003

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Shasta County Peer Mentoring Project  
for high school and middle school

## Estimated Funding

14a. Federal \$ 200,000.00

b. Applicant \$ 0.00

c. State \$ 27,500.00

d. Local \$ 0.00

e. Other \$ 0.00

f. Program Income \$ 0.00

g. TOTAL \$ 227,500.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Betty Cunningham

b. Title: Executive Director

c. Tel. #: ( 530 ) 241 - 5958 Fax #: ( 530 ) 247 - 0915

d. E-Mail Address: drugfreel@cs.com

e. Signature of Authorized Representative

Betty Cunningham

Date: 07 / 02 / 2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

6/28/02  
SP.

## Applicant Information

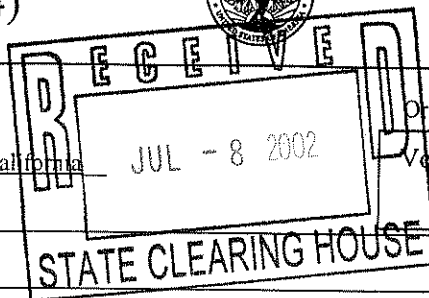
### 1. Name and Address

Legal Name: Assistance League of Southern California

Address: 8134 Van Nuys Blvd. #200

Organizational Unit

Volunteer Center of Los Angeles



Panorama City  
City

CA  
State

Los Angeles  
County

91402

ZIP Code + 4

4818

2. Applicant's D-U-N-S Number 074136847

6. Novice Applicant Yes X No

3. Applicant's T-I-N 95-11641960

7. Is the applicant delinquent on any Federal debt? Yes X No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

- A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Jim Leahy, Executive Director

Address: Volunteer Center of Los Angeles, 8134 Van Nuys Blvd. #200

Panorama City CA 91402 4818  
City State Zip code + 4

Tel. #: ( 818 ) 908 - 5066 Fax #: ( 818 ) 908 - 5147

E-Mail Address: jimleahy@vcla.net

## Application Information

### 9. Type of Submission:

PreApplication Application  
Construction Construction  
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372  
process for review): 07 / 02 / 2002

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2002 09 / 30 / 2005  
Start Date: End Date:

12. Are any research activities involving human subjects planned at  
any time during the proposed project period?

X Yes (Go to 12a.) No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?

Yes (Provide Exemption(s) #):

X No (Provide Assurance #): None

13. Descriptive Title of Applicant's Project:  
Beyond the Bell Mentoring Program

## Estimated Funding

14a. Federal \$ 599,663.00  
b. Applicant \$           .00  
c. State \$ 208,620.00  
d. Local \$           .00  
e. Other \$           .00  
f. Program Income \$           .00  
g. TOTAL \$ 808,283.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Katie Osterloh

b. Title: President

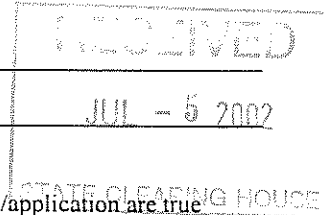
c. Tel. #: ( 323 ) 469 - 1973 Fax #: ( 323 ) 469 - 3533

d. E-Mail Address: email@alsc.net

e. Signature of Authorized Representative

Katie Osterloh

Date: 06 / 28 / 2002



# Application for Federal Education Assistance (ED 420)

**RECEIVED**  
JUL - 8 2002



U.S. Department of Education  
Form Approved  
OMB No. 1875-0108  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Ojai Valley Youth Foundation Organizational Unit: Community-Based Organization  
Address: 201 Church Road

City: Ojai State: CA County: Ventura ZIP Code + 4: 93023-3119

2. Applicant's D-U-N-S Number 799416862

3. Applicant's T-I-N 77-0455993

4. Catalog of Federal Domestic Assistance #: 841184B

Title: Mentoring Programs

5. Project Director: Ruth Cooper

Address: 201 Church Road  
City: Ojai State: CA ZIP Code + 4: 93023-3119

Tel. #: 805-640-9555 Fax #: 805-640-7211

E-Mail Address: info@ovyf.org

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Private, Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify):

## Application Information

### 9. Type of Submission:

- ☐ PreApplication Construction
- ☐ PreApplication Non-Construction
- ☐ Application Construction
- ☒ Application Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

- ☒ Yes (Date made available to the Executive Order 12372 process for review): July 2, 2002
- ☐ No (If "No," check appropriate box below.)
  - ☐ Program is not covered by E.O. 12372.
  - ☐ Program has not been selected by State for review.

### 11. Proposed Project Dates:

Start Date: 10/01/02 End Date: 09/30/05

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

- ☐ Yes (Go to 12a.)
- ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

- ☐ Yes (Provide Exemption(s) #):
- ☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Ojai Valley School-Based Mentoring Project

## Estimated Funding

14a. Federal	\$	<u>165,000</u>	.00
b. Applicant	\$	<u>50,245</u>	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$	<u>20,000</u>	.00
f. Program Income	\$		.00
g. TOTAL	\$	<u>235,245</u>	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Suzanne Nixon Bohnett

### b. Title

Associate Director

c. Tel. #: 805-640-9555 Fax #: 805-640-7211

d. E-Mail Address: suzie@ovyf.org

e. Signature of Authorized Representative: Suzanne Nixon Bohnett

Date: 7/1/02

APPLICATION FOR  
FEDERAL ASSISTANCE

RECEIVED		OMB Approval No. 0348-0043
		Applicant Identifier 8-2002
2. DATE SUBMITTED		7/3/2002
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier x-989772-01-0

## 1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

California Tree Fruit Agreement

Organizational Unit:

Address (give city, county, State, and zip code):

975 1 Street  
Reedley, CA 93654

Name and telephone number of person to be contacted on matters involving this application (give area code)

Gary W. Van Sickle (559) 638-8260

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

04-0362520

## 8. TYPE OF APPLICATION:

☐ New☒ Continuation☐ Revision

If Revision enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

Extension of x-989772-01-0

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE:

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Fresno, Kings, Yuba, Sutter, Kern, and  
Tulare Counties

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

10/01/02

9/30/03

19

19, 20, 21, 2

## 15. ESTIMATED FUNDING:

a. Federal

\$

11,800

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

11,800

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/3/2002

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Gary W. Van Sickle

b. Title

Research Director

c. Telephone Number

(559) 638-8260

d. Signature of Authorized Representative

e. Date Signed

7/3/2002

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Kern Valley High School (Kern High School District)

Address: 3340 Erskine Creek Road

### Organizational Unit

Center for Achievement, Retention and  
EnrichmentLake Isabella  
CityCA  
StateKern  
County93240 -  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

100118264

### 6. Novice Applicant

☒ Yes ☐ No

### 3. Applicant's T-I-N

95-6001764

### 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No  
(If "Yes," attach an explanation.)

### 4. Catalog of Federal Domestic Assistance #:

84184B

Title: Mentoring Program

### 8. Type of Applicant (Enter appropriate letter in the box.)

F

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

### 5. Project Director: Genel Wokal

Address: P. O. Box 750 (summer)

Kernville CA 93240 - 0750  
City State ZIP Code + 4

Tel. #: (760) 379-2611 Fax #: (760) 379-8314

E-Mail Address: GWOKAL@KHSD.K12.CA.US  
WGENEL@AOL.COM

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 6/25/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Adult/Student One on One Mentoring Program and High School  
Student/Elementary School Student Mentoring Program

### 11. Proposed Project Dates:

Start Date:  
10/1/2002End Date:  
9/30/2005

RECEIVED

JUL - 5 2002

## Estimated Funding

14a. Federal	\$	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	0.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

William Hatcher

### b. Title

Superintendent

c. Tel. #: (661) 827-3154

Fax #:

### d. E-Mail Address:

William D. Hatcher

e. Signature of Authorized Representative

Date: 6/25/2002



APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 26, 2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>American Lung Association of Los Angeles</u> Address (give city, county, State, and zip code): <u>Los Angeles County</u> <u>5858 Wilshire Blvd., Suite 300</u> <u>Los Angeles, CA 90036</u>		Organizational Unit: <u>Program Department</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Susana Jacomet 323-935-5864 x227</u>																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 5 - 1 6 4 1 4 5 1           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div>             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Non-profit community-based organization</u> </div> </div>																														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> <u>U.S. Environmental Protection Agency</u>																														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>Community-Based In-Home Asthma Education and Management Program</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             6 6 - 6 0 6           </div>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>Healthy Homes for Little Lungs</u> <div style="text-align: right; margin-top: 10px;">             JUL - 5 2002              STATE CLERKING HOUSE           </div>																														
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>Los Angeles County</u>																															
<b>13. PROPOSED PROJECT</b> Start Date <u>11-30-02</u> Ending Date <u>11-29-03</u>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <u>32</u> b. Project <u>24, 26</u>																														
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 20%;">150,000</td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>150,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	150,000	.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	150,000	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6-27-02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	150,000	.00																												
b. Applicant	\$		.00																												
c. State	\$		.00																												
d. Local	\$		.00																												
e. Other	\$		.00																												
f. Program Income	\$		.00																												
g. TOTAL	\$	150,000	.00																												
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																													
a. Type Name of Authorized Representative <u>Enrique Chiock</u>		b. Title <u>President &amp; CEO</u>																													
c. Telephone Number <u>323-935-5864 x235</u>		d. Signature of Authorized Representative <u>[Signature]</u>																													
e. Date Signed <u>June 26, 2002</u>																															

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0047

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 7/3/02		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		5. APPLICANT INFORMATION	
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Applicant Identifier State Application Identifier Federal Identifier		RECEIVED JUL 5 2002		Legal Name: <u>Organic Farming Research Foundation</u> Address (give city, county, State, and zip code): PO Box 440 Santa Cruz, CA 95061-0440	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 - 0252545		7. TYPE OF APPLICANT: (enter appropriate letter in box) N		8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency - Region		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations, ...	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Organic Farming Research Projects for Pest and Weed Management		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California, Nevada, Arizona, and Hawaii		13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th - Sam Farr		b. Project All CA, NV, AZ, and HI districts	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		19. SIGNATURE OF AUTHORIZED REPRESENTATIVE	
a. Federal \$ 10,430.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 10,430.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/3/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		a. Type Name of Authorized Representative Bob Lowcraft b. Title Executive Director c. Telephone Number (831) 426-6606 d. Signature of Authorized Representative Bob Lowcraft e. Date Signed 7/3/02		Previous Edition Usable Authorized for Local Reproduction	

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Fresno County Office of EducationAddress: 1111 Van Ness

### Organizational Unit

LEAFresno  
CityCA  
StateFresno  
County93721 - 2000  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

6 1 8 1 6 5 2 1 1

### 6. Novice Applicant



Yes



No

### 3. Applicant's T-I-N

9 4 - 6 0 0 2 2 1 0

### 7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.)



Yes



No

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Program

### 8. Type of Applicant (Enter appropriate letter in the box.)

F

### 5. Project Director: Randy Mehrten

Address: 1111 Van NessFresno  
CityCA  
State93721 - 2000  
ZIP Code + 4Tel. #: (559) 265-3002Fax #: (559) 497-3704E-Mail Address: rmehrten@fcoe.k12.ca.us

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School  
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application



Construction



Construction



Non-Construction



Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372  
process for review): \_\_\_\_\_

No (If "No," check appropriate box below.)



Program is not covered by E.O. 12372.



Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?



Yes (Go to 12a.)



No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?



Yes (Provide Exemption(s) #): \_\_\_\_\_



No (Provide Assurance #): \_\_\_\_\_

### 13. Descriptive Title of Applicant's Project:

Mentoring Program

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JUL - 5 2002

STATE CLEARING HOUSE

### 11. Proposed Project Dates:

Start Date:

End Date:

10/029/30/05

## Estimated Funding

14a. Federal	\$	515,014	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	150,000	.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	665,014	0.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Don Collins

### b. Title

Deputy Superintendent

### c. Tel. #:

(559) 265-3090

### Fax #:

(559) 497-3739

### d. E-Mail Address:

dcollins@fcoe.k12.ca.us

### e. Signature of Authorized Representative

Date: 7/2/2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: YMCA Community Services

Address: 12831 Newport Avenue Suite 150

Organizational Unit

Tustin  
City

CA  
State

Orange  
County

92780  
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 7 9 5 4 3 7 3 2

3. Applicant's T-I-N 9 5 - 1 6 4 4 0 5 5

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: United for Success

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual

F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Jean Moonilal

Address: 12831 Newport Avenue Suite 150

Tustin CA 92780  
City State Zip code + 4  
Tel. #: (714) 665-1342 Fax #: (714) 838-5976

E-Mail Address: astokols@ymcaoc.net

RECEIVED

JUL - 5 2002

STATE CLEARING HOUSE

## Application Information

### 9. Type of Submission:

☒ PreApplication ☐ Construction  
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/02/2002

☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/02/02 9/30/05  
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Community-based Mentoring for foster and homeless youth

## Estimated Funding

14a. Federal \$ 571,730 .00  
b. Applicant \$ 30,000 .00  
c. State \$ .00  
d. Local \$ .00  
e. Other \$ .00  
f. Program Income \$ .00  
g. TOTAL \$ 601,730 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Peggy Carollo

b. Title: Chief Financial Officer

c. Tel. #: (714) 549-9622 Fax #: (714) 838-5976

d. E-Mail Address: pcarlo@ymcaoc.net

e. Signature of Authorized Representative

Peggy Carollo EVP

Date: 7/1/02

# Application for Federal Education Assistance (ED 424)



J.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Jobs For Progress, Inc. Fresno County SER

Address: 407 S. Clovis Ave., Suite 109

### Organizational Unit

SER-Jobs For Progress, Inc.

Fresno

City

CA  
State

Fresno  
County

93727

ZIP Code + 4

2. Applicant's D-U-N-S Number 04719021197

3. Applicant's T-I-N 94-21188609

4. Catalog of Federal Domestic Assistance #: 84.174B

Title: Mentoring Programs

6. Novice Applicant Yes ☒ No

7. Is the applicant delinquent on any Federal debt? Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
K - Other (Specify):  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

5. Project Director: Rebecca Mendibles

Address: 407 S. Clovis Ave., Suite 109

Fresno  
City

CA  
State

93727  
Zip code + 4

Tel. #: (559) 452-0881 Fax #: (559) 452-8038

E-Mail Address: becki.m@netzero.net

## Application Information

### 9. Type of Submission:

PreApplication Construction Non-Construction  
Application Construction Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07/02/02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/02

Start Date:

09/30/05

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

SER Mentoring Program

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## Estimated Funding

14a. Federal \$ 473,369.05  
b. Applicant \$ 00.00  
c. State \$ 00.00  
d. Local \$ 00.00  
e. Other \$ 00.00  
f. Program Income \$ 00.00  
g. TOTAL \$ 473,369.05

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Rebecca Mendibles

b. Title: Executive Director

c. Tel. #: (559) 452-0881

Fax #: (559) 452-8038

d. E-Mail Address: becki.m@netzero.net

e. Signature of Authorized Representative

Rebecca Mendibles

Date: 07/02/02

# Application for Federal Education Assistance

PR/Award No: 5184B020023



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

Legal Name: Community School Parents AssociationAddress: 5954 Airdrome StreetLos Angeles

City

CA

State

## Organizational Unit

Community Magnet Elementary School Los Angeles Unified School District

Los Angeles

County

90035 -

ZIP Code + 4

## 2. Applicant's D-U-N-S Number

## 3. Applicant's T-I-N

954058022

## 6. Novice Applicant Yes

Title: Mentoring Programs

## 4. Catalog of Federal Domestic Assistance #:

84 184B5. Project Director: Pamela A MartonAddress: Principal, Community Magnet School 5954 Airdrome S...Los Angeles

City

CA

State

90035 -

ZIP Code + 4

Tel. #: (323) 935-7288Fax #: (323) 930-2289E-Mail Address: pmarton@lausd.k12.ca.us7. Is the applicant delinquent on any Federal debt? No  
(if "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) ☒

- A State G Public College or University  
B Local H Private, Non-Profit College or University  
C Special District I Non-Profit Organization  
D Indian Tribe J Private, Profit-Making Organization  
E Individual K Other (Specify):  
F Independent School District

## Application Information

## 9. Type of Submission:

--PreApplication

Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

No - Program is not covered by E.O. 12372

## 12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

## 11. Proposed Project Dates:

Start Date:	End Date:
<u>09/01/2002</u>	<u>08/30/2005</u>

13. Descriptive Title of Applicant's Project:  
CATCH: Caring Adults Teaching Children How... an academic mentoring program

## Estimated Funding

14a. Federal	\$	198,745	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	26,000	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	224,745	.00

## Authorized Representative Information

## 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Typed Name of Authorized Representative

Lisa Riggs

## b. Title

Treasurer, CSPAc. Tel. #: (310) 830-7111Fax #: (310) 518-7007d. E-Mail Address: lriggs39@hotmail.com

## e. Signature of Authorized Representative

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education  
Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Home Start, Inc.

Address: 5005 Texas Street, Suite 203

### Organizational Unit

City San Diego

State CA

County San Diego

ZIP Code + 4 92108 -

### 2. Applicant's D-U-N-S Number

0000000000

### 3. Applicant's T-I-N

95-3138268

### 4. Catalog of Federal Domestic Assistance #:

84184B

Title: Mentoring Programs

### 5. Project Director:

Cindy Grossman

Address: 5005 Texas Street, Suite 203

City San Diego State CA ZIP Code + 4 92108

Tel. #: (619) 692-0727 Fax #: (619) 692-0785

E-Mail Address: cgrossman@home-start.org

### 6. Novice Applicant

☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School

District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): July 1, 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Mentoring Program for Girls

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### 11. Proposed Project Dates:

Start Date: 10/01/02

End Date: 09/30/05

## Estimated Funding

14a. Federal	\$	182,557	.00
b. Applicant	\$	-0-	.00
c. State	\$	-0-	.00
d. Local	\$	-0-	.00
e. Other	\$	-0-	.00
f. Program Income	\$	-0-	.00
g. TOTAL	\$	182,557	0.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

LAURA S. SPIEGEL

### b. Title

CEO

### c. Tel. #:

619.692.0727

Fax #: 619.692-0785

### d. E-Mail Address:

Lspiegel@home-start.org

### e. Signature of Authorized Representative

Date: 7-1-02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: The David & Margaret Home, Inc.Address: 1350 Third Street

### Organizational Unit

La Verne  
CityCA  
StateLos Angeles  
County91750 - 5299  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

0 7 6 2 4 3 5 3 4

### 6. Novice Applicant ☒ Yes ☐ No

### 3. Applicant's T-I-N

9 5 - 1 6 6 0 3 4 6

### 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

### 8. Type of Applicant (Enter appropriate letter in the box.)

I

### 5. Project Director: Brandy Tovar

Address: 1350 Third StreetLa Verne  
CityCA  
State91750 - 5299  
ZIP Code + 4Tel. #: (909) 596-5921Fax #: (909) 596-7583E-Mail Address: tovarb@dmhome.org

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School  
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 7/2/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

The Mentor Program

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### 11. Proposed Project Dates:

Start Date:  
11/1/2002End Date:  
10/31/2005

## Estimated Funding

14a. Federal	\$	459,908.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	459,908.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Charles C. Rich, LCSW

### b. Title

Executive Directorc. Tel. #: (909) 596-5921Fax #: (909) 596-7583d. E-Mail Address: richc@dmhome.orgCharles C. Rich  
e. Signature of Authorized RepresentativeDate: 7/2/2002



# Application for Federal Education Assistance (ED 424)



J.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Mt. Diablo Unified School District

Address: 1936 Carlotta Drive

### Organizational Unit

Mt. Diablo High School

Concord  
City

CA  
State

Contra Costa  
County

94519 - 1397  
ZIP Code + 4

2. Applicant's D-U-N-S Number 08616576

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 68 - 0091157

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Safe and Drug Free Schools Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Sue Midar

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

Address: Mt. Diablo High School, 2450 Grant Street  
Concord CA 94520 2297  
City State Zip code + 4  
Tel. #: ( 925 ) 672 - 4840 Fax #: ( 925 ) 673 - 9723

E-Mail Address: midars@mdusd.k12.ca.us

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## Application Information

### 9. Type of Submission:

☐ -PreApplication  
☐ Construction  
☐ Non-Construction  
☐ -Application  
☐ Construction  
☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 07 / 02 / 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2002 09 / 30 / 2005  
Start Date: End Date:

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Success Taking Over Mentoring Program (STOMP)

## Estimated Funding

14a. Federal \$ 197,669.00  
b. Applicant \$ 42,404.00  
c. State \$ .00  
d. Local \$ .00  
e. Other \$ .00  
f. Program Income \$ .00  
g. TOTAL \$ 240,073.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Gary McHenry

b. Title: Superintendent

c. Tel. #: ( 925 ) 682 - 8000 Fax #: ( 925 ) 689 - 1649

d. E-Mail Address: mchenryg@mdusd.k12.ca.us

e. Signature of Authorized Representative

Gary McHenry

Date: 7 / 1 / 02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

Name and Address  
Legal Name: Quail Valley Healthy Communities  
Project LIFT  
Address: 29210 Goetz Rd.

Organizational Unit

Quail Valley  
City

CA

State

Riverside

County

92587

ZIP Code + 4

Applicant's D-U-N-S Number 1 1 2 5 2 1 8 1 5

6. Novice Applicant ☒ Yes ☐ No

Applicant's T-I-N 3 3 - 0 7 4 2 9 9 6

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

Catalog of Federal Domestic Assistance #: 84.1 8 4 B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

Project Director: Rita J. Peters

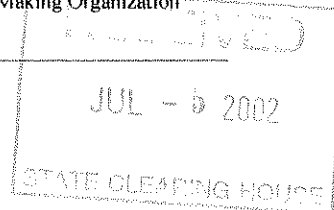
Address: 29210 Goetz Rd.

Quail Valley CA 92587  
City State Zip code + 4  
Tel. #: 909, 246-2894 Fax #: 909, 246-9579

E-Mail Address: qvhcprojectlift@yahoo.com

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



## Application Information

Type of Submission:

-PreApplication -Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

Is application subject to review by Executive Order 12372 process?  
☐ Yes (Date made available to the Executive Order 12372 process for review): / /

☒ No (If "No," check appropriate box below.)  
☒ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

Proposed Project Dates: 9 1 02 9 01 05  
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?  
☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Lifting Up Lives Through Mentoring

## Estimated Funding

a. Federal \$ 329,047 .00  
Applicant \$ 71,700 .00  
State \$            .00  
Local \$ 17,064 .00  
Other \$ 5,375 .00  
Program Income \$ -0- .00  
TOTAL \$ 423,186 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)  
Rita J. Peters

b. Title: Executive Director

c. Tel. #: 909, 246 2894 Fax #: 909, 246-9579

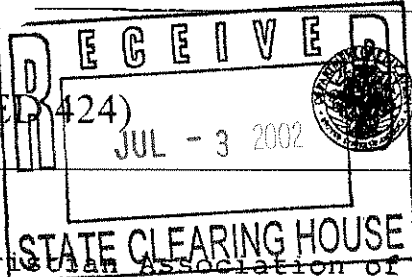
d. E-Mail Address: qvhcprojectlift@yahoo.com

e. Signature of Authorized Representative

Date: / /

# Application for Federal Education Assistance (ED 424)

U.S. Department of Education

 Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004
**Applicant Information**

1. Name and Address

 Legal Name: Young Men's Christian Association of  
Anaheim

 Address: 240 South Euclid Street

Organizational Unit

Anaheim

City

CA

State

Orange

County

92802 1047

ZIP Code + 4

2. Applicant's D-U-N-S Number 0305842476. Novice Applicant ☒ Yes ☐ No3. Applicant's T-I-N 951-17092997. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)4. Catalog of Federal Domestic Assistance #: 84.1 18 4 BTitle: Mentoring Programs8. Type of Applicant (Enter appropriate letter in the box.) I5. Project Director: Melissa Gonzales-Runcie
 A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

Address: 240 South Euclid StreetAnaheimCA92802 1047

City

State

Zip code + 4

Tel. #: (714) 635 - 9622 Fax #: (714) 635 - 8151E-Mail Address: mruncie@anaheimymca.org**Application Information**

9. Type of Submission:

<input type="checkbox"/> PreApplication	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 07/02/02
☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.
11. Proposed Project Dates: 10/1/02 09/30/05

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

 13. Descriptive Title of Applicant's Project: Anaheim Achieves Mentor Program: Using trained mentors to provide academic, social, and career development support to 200-225 primarily Hispanic "greatest need" 4th-12th grader
**Estimated Funding**

14a. Federal	\$ <u>600,000</u> .00
b. Applicant	\$ _____ .00
c. State	\$ _____ .00
d. Local	\$ _____ .00
e. Other	\$ _____ .00
f. Program Income	\$ _____ .00
g. TOTAL	\$ <u>600,000</u> .00

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Paul Andresenb. Title: Chief Executive Officerc. Tel. #: (714) 635 - 9622 Fax #: (714) 635 - 8151d. E-Mail Address: pandresen@anaheimymca.org

e. Signature of Authorized Representative

Paul AndresenDate 07/1/02

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OMB Approval No. 0348-0043  
JUL - 3 2002  
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Previous Editions Not Usable  
Prescribed by OMB Circular A-102

Standard Form 424 (REV 4-88)

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education  
Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

1. Name and Address  
Legal Name: Tehama County Department of Education  
Address: 1135 Lincoln St  
P.O. Box 689  
Red Bluff  
City  
CA State Tehama County 96080 - 0689 ZIP Code + 4

2. Applicant's D-U-N-S Number 8 2 6 1 9 8 4 8 3

3. Applicant's T-I-N 9 4 - 2 1 5 2 8 4 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B  
Title: Mentoring Programs

5. Project Director: Amy Schutter, CHES  
Address: 1135 Lincoln Street  
Red Bluff CA State 96080 - 0689 ZIP Code + 4  
City  
Tel. #: (530) 527-5811 Fax #: (530) 529-4120  
E-Mail Address: aschutte@tcde.tehama.k12.ca.us

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) K

A State G Public College or University  
B Local H Private, Non-Profit College or University  
C Special District I Non-Profit Organization  
D Indian Tribe J Private, Profit-Making Organization  
E Individual K Other (Specify): County Office of Education  
F Independent School District

## Application Information

9. Type of Submission:  
—PreApplication —Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002  
☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 8/30/2005

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?  
☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:  
Northern California Mentoring Project

## Estimated Funding

14a. Federal	\$	166,199.00
b. Applicant	\$	80,750.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	246,949.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)  
Robert E. Douglas

b. Title County Superintendent of Schools

c. Tel. #: (530) 527-5811 Fax #: (530) 529-4120

d. E-Mail Address: rdouglas@tcde.tehama.k12.ca.us

e. Signature of Authorized Representative Robert E. Douglas Date: 6-27-02

# Application for Federal Education Assistance



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Jefferson Union High School District

Address: 699 Serramonte Blvd.  
Suite 100

Daly City  
City

CA  
State

San Mateo  
County

94015 - 4132  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

0 7 8 7 7 2 8 2 9

### 3. Applicant's T-I-N

9 4 3 0 8 3 7 7 2

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

### 5. Project Director: Barbara Raboy

Address: 2780 Junipero Serra Blvd.

Daly City  
City

CA  
State

94015 - 1634  
ZIP Code + 4

Tel. #: (650) 991-2240

Fax #: (650) 991-7498

E-Mail Address: barblraboy@aol.com

### Organizational Unit

DALY CITY YOUTH HEALTH CENTER

### 6. Novice Applicant

☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.)

B

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School  
District

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒

Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

MENTORING CONNECTIONS

### 11. Proposed Project Dates:

Start Date:  
10/1/2002

End Date:  
9/30/2005

## Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Michael J. Crilly

### b. Title

Superintendent, Jefferson Union High School District

c. Tel. #: (650) 550-7960

Fax #: (650) 550-7888

d. E-Mail Address: mcrilly@juhsd.k12.ca.us

e. Signature of Authorized Representative

6-27-02  
Date:

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Organizational Unit

Legal Name: Oakland Asian Students Educational Services (OASES)

Address: 196 Tenth Street

Oakland  
City

CA  
State

Alameda  
County

94607 - 4839  
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 1 2 1 4 4 6 7 5

3. Applicant's T-I-N 9 4 - 3 1 4 5 9 9 7

4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B

Title: OASES Youth Programs

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual

F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Perry Chen

Address: 196 Tenth Street

Oakland CA 94607-4839

City State Zip code + 4

Tel. #: ( 510 ) 891 - 9928 Fax #: ( 510 ) 891 - 9418

E-Mail Address: perry@oases.org

## Application Information

### 9. Type of Submission:

☐ PreApplication

☐ Application

☐ Construction

☐ Construction

☒ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 6 / 26 / 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 9 / 4 / 2003 6 / 15 / 2004

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

OASES Youth Programs: Empowering Youth  
to Maximize Their Potential

## Estimated Funding

14a. Federal \$ 84,000 .00

b. Applicant \$ 0 .00

c. State \$ 84,000 .00

d. Local \$ 75,000 .00

e. Other \$ 40,000 .00

f. Program Income \$ 0 .00

g. TOTAL \$ 283,000 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Perry Chen

b. Title: Executive Director

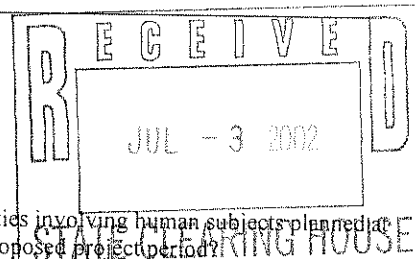
c. Tel. #: ( 510 ) 891 - 9928 Fax #: ( 510 ) 891 - 9418

d. E-Mail Address: perry@oases.org

e. Signature of Authorized Representative

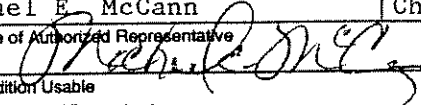
Perry Chen

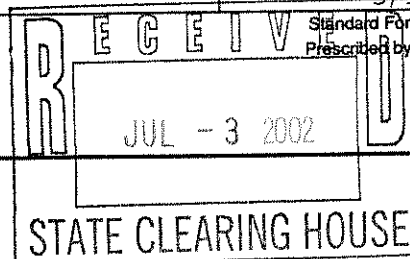
Date: 6 / 26 / 02



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction  <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 3/22/02	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																					
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																					
		<b>5. APPLICANT INFORMATION</b> Legal Name: <u>Proteus, Inc.</u> Address (give city, county, State, and zip code): 1830 N. Dinuba Blvd. Visalia, CA 93291 Organizational Unit:																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2184330		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Nonprofit Organization</u> </div> </div>																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		<b>9. NAME OF FEDERAL AGENCY:</b> Office of Juvenile Justice and Delinquency Prevention																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Juvenile Mentoring Program 16-726 TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> JUMP to Success in Corcoran (juvenile mentoring program in Corcoran, California)																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Kings County, California		<b>13. PROPOSED PROJECT</b> Start Date: 10/1/02    Ending Date: 9/30/05 <b>14. CONGRESSIONAL DISTRICTS OF:</b> 20th Congressional District (Dooley)																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$ 204,945</td><td>00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>00</td></tr> <tr><td>c. State</td><td>\$</td><td>00</td></tr> <tr><td>d. Local</td><td>\$</td><td>00</td></tr> <tr><td>e. Other</td><td>\$</td><td>00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>00</td></tr> <tr><td>g. TOTAL</td><td>\$ 204,945</td><td>00</td></tr> </table>		a. Federal	\$ 204,945	00	b. Applicant	\$	00	c. State	\$	00	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$ 204,945	00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3/22/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 204,945	00																						
b. Applicant	\$	00																						
c. State	\$	00																						
d. Local	\$	00																						
e. Other	\$	00																						
f. Program Income	\$	00																						
g. TOTAL	\$ 204,945	00																						
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
a. Type Name of Authorized Representative Michael E. McCann		b. Title Chief Executive Officer																						
c. Telephone Number (559) 733-5423		d. Signature of Authorized Representative 																						
e. Date Signed 3/14/02		f. Previous Edition Usable Authorized for Local Reproduction																						





# Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

1. Name and Address Legal Name: Friends of Alameda County CASA Inc.

Address: 2647 International Blvd. Suite 500  
Oakland, CA 94601-1569

## Organizational Unit

Alameda County  
Court Appointed Special Advocates

Oakland CA Alameda 94601 - 1569  
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number TBD

3. Applicant's T-I-N 94 - 330997 7 2 8

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B

Title: Mentoring Programs

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization  
K - Other (Specify): \_\_\_\_\_

5. Project Director: Arnold Chavez

Address: 2647 International Blvd. #500  
Oakland, CA 94601-1569

City State Zip code + 4  
Tel. #: (510) 434 - 2501 Fax #: (510) 434 - 2470

E-Mail Address: ARChavez@co.alameda.ca.us

## Application Information

9. Type of Submission:

-PreApplication -Application  
Construction Construction  
Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☐ Yes (Date made available to the Executive Order 12372 process for review): 1/1/03

☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 1/01/03 12/31/05  
Start Date: End Date:

## Estimated Funding

14a. Federal \$ 576,486 .00  
b. Applicant \$ 205,040 .00  
c. State \$ \_\_\_\_\_ .00  
d. Local \$ \_\_\_\_\_ .00  
e. Other \$ \_\_\_\_\_ .00  
f. Program Income \$ \_\_\_\_\_ .00  
g. TOTAL \$ 781,526 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Arnold Chavez

b. Title: Program Director

c. Tel. #: (510) 434 - 2501 Fax #: (510) 434 - 2470

d. E-Mail Address: ARChavez@co.alameda.ca.us

e. Signature of Authorized Representative

Dr Arnold Chavez

Date: 7/2/02

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?  
☐ Yes (Provide Exemption(s) #): \_\_\_\_\_

☐ No (Provide Assurance #): \_\_\_\_\_

13. Descriptive Title of Applicant's Project:

CASA Mentoring and Advocacy for Group Home

Foster Care Children

# Application for Federal Education Assistance (ED 424)

RECEIVED

JUL - 3 2002



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004**Applicant Information**

## 1. Name and Address

Legal Name: **San Diego State University Foundation**  
Address: **5250 Campanile Drive****San Diego**

City

**CA**

State

**San Diego**

County

**92182 - 1931**

ZIP Code + 4

2. Applicant's D-U-N-S Number **0 7 3 3 7 1 3 4 6**3. Applicant's T-I-N **9 5 - 6 0 4 2 7 2 1**4. Catalog of Federal Domestic Assistance # **8 4 1 8 4 B**Title: **Mentoring Programs**5. Project Director: **Ian Pumpian**Address: **4283 El Cajon Boulevard****San Diego**

City

**CA**

State

**92105**

ZIP Code + 4

Tel #: **(619) 594-1950** Fax #: **(619) 594-8810**E-Mail Address: **ipumpian@mail.sdsu.edu**6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No

8. Type of Applicant (Enter appropriate letter in the box)

**I**

A State

G Public College or University

B Local

H Private, Non-profit College or University

C Special District

I Non-profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

**Application Information**

## 9. Type of Submission:

— PreApplication

☐ Construction☐ Non-Construction

— Application

☐ Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372process for review): **7/2/02**☐ No (If "No", check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a)☒ No (Go to item 13)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #, if available):

## 13. Descriptive Title of Applicant's Project:

**Project Protégé: A City Heights Mentoring Initiative**

## 11. Proposed Project Dates:

Start Date:

**10/1/2002**

End Date:

**9/30/2005****Estimated Funding**

14a. Federal	\$	199,311	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	199,311	.00

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

**Skaidrite Krisans**

b. Title

**Associate Dean for Graduate and Research Affairs**c. Tel #: **(619)594-4162**Fax #: **(619)594-0189**d. E-Mail Address: **skrisans@sunstroke.sdsu.edu**

e. Signature of Authorized Representative

Date:

**7/2/2002**

Application for Federal  
Education Assistance (ED 424)

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

**Applicant Information**

1. Name and Address

Legal Name: **Big Brothers Big Sisters of Butte County, Inc.**

Address: **1280 E. 9<sup>th</sup> Street, Suite C**

**Chico**  
City

**CA**  
State

**Butte**  
County

**95928 -**  
ZIP Code + 4

2. Applicant's D-U-N-S Number **P E N D I N G**

3. Applicant's T-I-N **911 - 11774929**

4. Catalog of Federal Domestic Assistance #: 84. **184B**

Title: **Safe and Drug-Free Schools and Communities -**

**National Programs**

5. Project Director: **JoAna Brooks**

Address: **1280 E. 9<sup>th</sup> Street, Suite C**

**Chico**

City

**CA**  
State

**95928 -**  
Zip code + 4

Tel. #: ( 530 ) 343-8407 Fax #: ( 530 ) 343-3712

E-Mail Address: \_\_\_\_\_

**Application Information**

9. Type of Submission:

~~PreApplication~~

~~Application~~

~~Construction~~

~~Construction~~

~~Non-Construction~~

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 07 / 02 / 2002

~~No~~ (If "No," check appropriate box below.)

~~Program is not covered by E.O. 12372.~~

~~Program has not been selected by State for review.~~

11. Proposed Project Dates: **10/01/02**

Start Date:

**09/30/05**

End Date:

**Estimated Funding**

14a. Federal \$ **591,841** . 00

b. Applicant \$ \_\_\_\_\_ . 00

c. State \$ \_\_\_\_\_ . 00

d. Local \$ \_\_\_\_\_ . 00

e. Other \$ \_\_\_\_\_ . 00

f. Program Income \$ \_\_\_\_\_ . 00

g. TOTAL \$ **591,841** . 00

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

**JoAna Brooks**

b. Title: **Executive Director**

c. Tel. #: ( 530 ) 343 - 8607 Fax #: ( 530 ) 343 - 3712

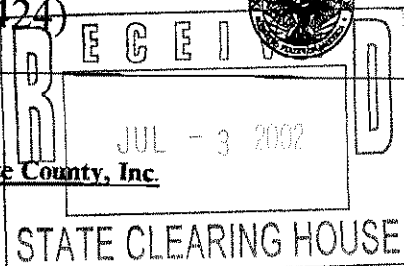
d. E-Mail Address: **joana@bigbrothersister.org**

e. Signature of Authorized Representative

*JoAna Brooks*

Date: **7.2.02**

Organizational Unit



A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify): \_\_\_\_\_



# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: FRIENDS FOR YOUTH, INC

Address: 1741 Broadway, First Floor

Redwood City  
City

CA  
State

San Mateo  
County

94063 - 2403  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

1 9 4 5 0 2 9 8 5

### 3. Applicant's T-I-N

9 4 - 2 9 6 1 0 3 4

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Department of Education Mentoring Programs

### 5. Project Director: Chrystine Smith

Address: 1741 Broadway, First Floor

Redwood City  
City

CA  
State

94063 - 2403  
ZIP Code + 4

Tel. #: (650) 368-4465

Fax #: (650) 368-4467

E-Mail Address: chrys@friendsforyouth.org

### Organizational Unit

Mentoring Services

### 6. Novice Applicant

☐ Yes ☒ No

### 7. Is the applicant delinquent on any Federal debt?

(If "Yes," attach an explanation.)

☐ Yes ☒ No

### 8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School  
District

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

FRIENDS FOR YOUTH MENTORING SERVICES

### 11. Proposed Project Dates:

Start Date:  
10/1/2002

End Date:  
9/30/2005

## Estimated Funding

14a. Federal	\$	143,480.00
b. Applicant	\$	80,000.00
c. State	\$	.00
d. Local	\$	10,000.00
e. Other	\$	340,151.00
f. Program Income	\$	0.00
g. TOTAL	\$	573,631.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Rebecca Cooper

### b. Title

Executive Director

c. Tel. #: (650) 368-4464

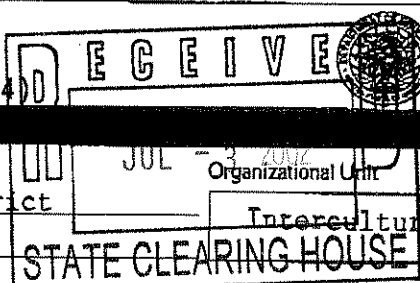
Fax #: (650) 368-4467

d. E-Mail Address: becky@friendsforyouth.org

e. Signature of Authorized Representative  
Rebecca A Cooper

Date: 7/2/2002

# Application for Federal Education Assistance (ED 4240)



U.S. Department of Education  
Form Approved  
OMB No. 1875-0108  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Glendale Unified School District

Address: 223 N. Jackson Street

Glendale

City

CA

State

Los Angeles

County

91206 -4380

ZIP Code + 4

### 2. Applicant's D-U-N-S Number

077239929

### 3. Applicant's T-I-N

95-6001464

### 4. Catalog of Federal Domestic Assistance #:

84184B

Title: Mentoring Programs

### 5. Project Director: Joanna Junge

Address: 223 N. Jackson Street

Glendale

City

CA

State

91206 4380

ZIP Code + 4

Tel. #: (818)241-3111

Fax #: (818)247-9765

Ext. 457

E-Mail Address: jjunge@gusd.net

### 6. Novice Applicant

☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.)

F

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07-02-02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 11. Proposed Project Dates:

Start Date:

End Date:

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

MENTORING FOR SUCCESS, a high-quality mentoring program targeting 300 at-risk youth in grades 4,6,8 in the Glendale Unified School District.

## Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

James R. Brown

### b. Title

Superintendent

### c. Tel. #:

(818)241-3111

Fax #: (818)548-9041

### d. E-Mail Address:

JBrown@gusd.net

### e. Signature of Authorized Representative

James R. Brown

Date: 07/02/02

5184B020087

Application for Federal  
Education AssistanceU.S. Department of Education  
Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

Legal Name: A Place Called HomeAddress: 2830 South Central Avenue

## Organizational Unit

Los Angeles  
CityCA  
StateLos Angeles  
County90011 -  
ZIP Code + 4

## 2. Applicant's D-U-N-S Number

878207562

## 3. Applicant's T-I-N

954427291

## 6. Novice Applicant Yes

Title: Mentoring Programs

## 4. Catalog of Federal Domestic Assistance #:

84 184B5. Project Director: Lee RosenblumAddress: 2830 South Central AvenueLos Angeles

City

CA

State

90011

ZIP Code + 4

Tel. #: (323) 232-7653Fax #: (323) 232-0139E-Mail Address: lee@apch.org7. Is the applicant delinquent on any Federal debt? No  
(if "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) ☒

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

## 9. Type of Submission:

--Application

Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372  
process for review): 7/2/0212. Are any research activities involving human subjects planned  
at any time during the proposed project period? No (Go to item  
13.)12a. Are all the research activities proposed designated to be  
exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

## 11. Proposed Project Dates:

Start Date:	End Date:
<u>01/01/2003</u>	<u>12/31/2006</u>

13. Descriptive Title of Applicant's Project:  
South Central Los Angeles Mentoring Program

## Estimated Funding

14a. Federal	\$	182,011	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	182,011	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/  
application are true and correct. The document has been duly  
authorized by the governing body of the applicant and the applicant  
will comply with the attached assurances if the assistance is awarded.

## a. Typed Name of Authorized Representative

Lee Rosenblum

## b. Title

VP Development and Marketc. Tel. #: (323) 232-7653Fax #: (323) 232-0139d. E-Mail Address: lee@apch.org

## e. Signature of Authorized Representative

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0108  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Alameda Unified School DistrictAddress: 2200 Central AveAlameda

City

CA

State

94501

County

ZIP Code + 4

### 2. Applicant's D-U-N-S Number

076527324

### 3. Applicant's T-I-N

94-6002061

### 4. Catalog of Federal Domestic Assistance #:

84184BTitle: Mentoring Programs

### 5. Project Director: Linda Karlin, Encinal High School

Address: 210 Central AveAlameda

City

CA

State

94501

ZIP Code + 4

Tel. #: (510) 337-2462Fax #: (510) 521-4956E-Mail Address: lkarlin@alameda.k12.ca.us

### Organizational Unit

Encinal High School

### 6. Novice Applicant ☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.) F

- |                               |   |
|-------------------------------|---|
| A State                       | G Public College or University              |
| B Local                       | H Private, Non-Profit College or University |
| C Special District            | I Non-Profit Organization                   |
| D Indian Tribe                | J Private, Profit-Making Organization       |
| E Individual                  | K Other (Specify):                          |
| F Independent School District |   |

## Application Information

### 9. Type of Submission:

-PreApplication

-Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Mentoring program linking incoming freshmen with senior advisors.

### 11. Proposed Project Dates:

Start Date:

7/30/2002

End Date:

6/30/2003

## Estimated Funding

14a. Federal	\$	160,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	160,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Ardella Dailey

### b. Title

Assistant Superintendent

### c. Tel. #: (510) 337-7063

Fax #: (510) 523-8862

### d. E-Mail Address: adailey@alameda.k12.ca.us

### e. Signature of Authorized Representative

Date: 7/1/2002



# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Tri-City Community Action

Address: 1425 Andover Ct

City Fairfield

State Ca County San Joaquin

ZIP Code + 4 94533

### Organizational Unit

Tri-City Community Action

2. Applicant's D-U-N-S Number 112760900

3. Applicant's T-I-N 941339707

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Program

5. Project Director: Samuel B Martin

Address: 1425 Andover Ct

City Fairfield State Ca Zip code + 4 94533

Tel. #: (707) 694-3989 Fax #: (707) 422-8457

E-Mail Address: TriCityAction @ Aol.Com

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

## Application Information

### 9. Type of Submission:

☐ Pre-Application ☐ Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 09/02/02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/02 06/30/05  
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Youth mentoring program

## Estimated Funding

14a. Federal \$ 588,746.97.00

b. Applicant \$ .00

c. State \$ .00

d. Local \$ .00

e. Other \$ .00

f. Program Income \$ .00

g. TOTAL \$ 588,746.97.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Samuel B Martin

b. Title: Executive Director

c. Tel. #: (707) 694-8457 Fax #: (707) 422-8457

d. E-Mail Address: TriCityAction @ Aol.Com

e. Signature of Authorized Representative

Samuel B Martin

Date 07/01/02

# Application for Federal Education Assistance (ED-424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Poway Unified School District

Address: 13626 Twin Peaks Road

Poway  
City

### Organizational Unit

Wellness Department

San Diego  
County

92064 - 3034  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

0 7 8 7 2 7 3 3 6

### 3. Applicant's T-I-N

9 5 - 6 0 0 2 4 5 2

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

### 5. Project Director: Sharon Jahn

Address: 13626 Twin Peaks Road

Poway CA 92064 - 3034  
City State ZIP Code + 4

Tel. #: (858) 679-2533 Fax #: (858) 679-8375

E-Mail Address: sjaahn@sdcoe.k12.ca.us

### 6. Novice Applicant

☐ Yes ☒ No

### 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No  
(If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.)

F

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Private, Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 11. Proposed Project Dates:

Start Date:  
9/1/2002

End Date:  
6/30/2005

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):  
☒ No (Provide Assurance #): None

### 13. Descriptive Title of Applicant's Project:

Mentors Empowering Students to Achieve, or "MESA" Program - This mentoring program is designed to assist selected at greatest risk students to achieve their full potential in areas of academics and social behaviors through a one-on-one relationship with a screened and trained volunteer mentor engaged in a committed, long term of service to the student.

## Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	50,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	250,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Donald A. Phillips, Ed.D.

b. Title Superintendent

c. Tel. #: (858) 679-2550 Fax #: (858) 679-2642

d. E-Mail Address: phillips@sdcoe.k12.ca.us

e. Signature of Authorized Representative

Date: 7/1/2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0108  
Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

Legal Name: **AMERICA ON TRACK**Address: **P.O. BOX 4141**City: **TUSTIN**State: **CA**County: **ORANGE**ZIP Code + 4: **92781 - 4141**

## 2. Applicant's D-U-N-S Number

**1 2 5 1 1 8 4 8 4**

## 3. Applicant's T-I-N

**3 3 - 0 7 2 4 0 4 4**

## 4. Catalog of Federal Domestic Assistance #:

**8 4 1 8 4 B**Title: **MENTORING PROGRAMS**5. Project Director: **TERRY THOMPSON**Address: **P.O. BOX 4141**City: **TUSTIN**State: **CA**ZIP Code + 4: **92781 - 4141**Tel. #: **(714) 531-7144**Fax #: **(714) 531-7773**E-Mail Address: **OCONTRACK@AOL.COM**

## Organizational Unit

**ORANGE COUNTY ON TRACK**

## 6. Novice Applicant

☐ Yes ☒ No

## 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

## 8. Type of Applicant (Enter appropriate letter in the box.)

**I**

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School  
District

## Application Information

## 9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372  
process for review): **7/2/2002**☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

## 11. Proposed Project Dates:

Start Date:  
**10/1/2002**End Date:  
**9/30/2005**

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒

Yes (Go to 12a.)

☐

No (Go to item 13.)

☐

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☒No (Provide Assurance #): **None**

## 13. Descriptive Title of Applicant's Project:

**ON TRACK YOUTH-TO-YOUTH MENTORING AND  
YOUTH ASSET BUILDING PROGRAM**

## Estimated Funding

14a. Federal	\$	142,723.00
b. Applicant	\$	12,000.00
c. State	\$	.00
d. Local	\$	15,000.00
e. Other	\$	.00
f. Program Income	\$	0.00
g. TOTAL	\$	169,723.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

**CLAIRE BRAEBURN**

## b. Title

**EXECUTIVE DIRECTOR**

## c. Tel. #:

**(714) 531-7144**

## Fax #:

**(714) 531-7773**

## d. E-Mail Address:

**OCONTRACK@AOL.COM**

e. Signature of Authorized Representative

Date: **6/28/2002**

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

1. Name and Address

Legal Name: **Merced County Office of Education**

Address: **632 W. 13th Street**

Organizational Unit

**Merced**

• City

**CA**

State

**Merced**

County

**95340**

ZIP Code + 4

2. Applicant's D-U-N-S Number **9 3 2 8 8 4 4 2 2**

3. Applicant's T-I-N **9 4 - 6 0 0 2 3 7 9**

4. Catalog of Federal Domestic Assistance #: **84. 1 8 4 B**

Title: **Mentoring Programs**

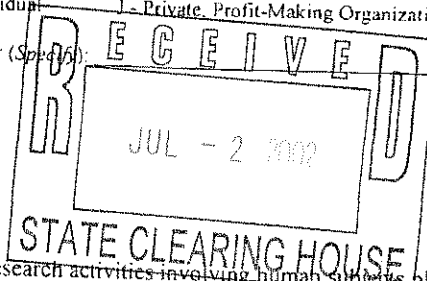
6. Novice Applicant ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) **H**

- A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):



5. Project Director: **Marcia Marrs**

Address: **942 W. Main Street**

**Merced**

**CA**

**95340**

City

State

Zip code + 4

Tel. #: **(209) 385 - 5356** Fax #: **(209) 385 - 5395**

E-Mail Address: **mmarrs@mcoe.org**

## Application Information

9. Type of Submission:

☐ Pre-Application

☐ Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372 process for review): **7 / 02 / 2002**

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: **10 / 01 / 2002** **9 / 30 / 2005**  
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☒ Yes (Provide Exemption(s) #): **1**

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

**Somos Dos Palos Mentoring Program**

## Estimated Funding

14a. Federal \$ **324,622** .00

b. Applicant \$ .00

c. State \$ .00

d. Local \$ .00

e. Other \$ **632,280** .00

f. Program Income \$ .00

TOTAL \$ **956,902** .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

**Lee Andersen**

b. Title: **Superintendent**

c. Tel. #: **(209) 381 - 6101** Fax #: **(209) 381 - 6767**

d. E-Mail Address: **landerse@mcoe.org**

e. Signature of Authorized Representative

Date: **7 / 01 / 2002**

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 7/1 Applicant Identifier															
<b>5. APPLICANT INFORMATION</b> Legal Name: County of Humboldt Address (give city, county, state, and zip code): 520 E Street, Eureka, CA 95501		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier Organizational Unit: Community Development Services, Economic Division Name and telephone number of the person to be contacted on matters involving this application (give area code): Paula Mushrush, (707) 445-7746															
<b>6. EMPLOYER IDENTIFICATION (EIN):</b> <u>94-6000513</u>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter here) <u>B</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____															
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>66.811</u> TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Samoa Peninsula Redevelopment; Phase I, Phase II, Assess zoning & redevelopment needs, solicit citizen input for final project.															
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Humboldt County, California																	
<b>13. PROPOSED PROJECT:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Start Date</th> <th style="width:20%;">End Date</th> </tr> <tr> <td>01/01/03</td> <td>12/31/04</td> </tr> </table>		Start Date	End Date	01/01/03	12/31/04	<b>14. CONGRESSIONAL DISTRICT OF:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">a. Applicant:</th> <th style="width:50%;">b. Project</th> </tr> <tr> <td>#1</td> <td>#1</td> </tr> </table>		a. Applicant:	b. Project	#1	#1						
Start Date	End Date																
01/01/03	12/31/04																
a. Applicant:	b. Project																
#1	#1																
<b>15. Estimated Funding:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Federal</td> <td style="width:50%;">\$ 200,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 200,000.00</td> </tr> </table>		a. Federal	\$ 200,000.00	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 200,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>7-2-2002</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 200,000.00																
b. Applicant	\$																
c. State	\$																
d. Local	\$																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 200,000.00																
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
a. Typed Name of Authorized Representative: Kirk Girard		b. Title: Community Development Services Director															
d. Signature of Authorized Representative		c. Telephone Number (707) 268-3735 e. Date Signed															

# Application for Federal Education Assistance

Note: If available, please provide  
application package on diskette  
and specify the file format



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 06/30/2001

## Applicant Information

### 1. Name and Address

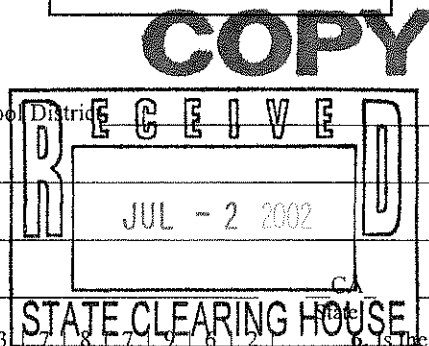
Legal Name: San Juan Unified School District

Address: 3738 Walnut Ave.

P. O. Box 477

Carmichael

City



### Organizational Unit

**San Juan Unified School District**

Sacramento

County

95609

ZIP Code + 4

- 0477

2. Applicant's D-U-N-S Number: 1073171817191612

3. Is the applicant delinquent on any Federal debt? Yes X No

(If "Yes," attach an explanation.)

3. Applicants's T-I-N: 94-6002533

Title: Building Bridges Mentoring Program

4. Catalog of Federal Domestic Assistance #: **84.184B** =>

5. Project Director: Michael Koerner

7. Type of Applicant (Enter appropriate letter in the box.) H

Address: 3738 Walnut Avenue

Carmichael CA 95608 0477

City State Zip code + 4

Tel. #: (916) 971 - 7022 Fax #: (916) 971 - 7767

E-Mail Address: mkoerner@sanjuan.edu

A - State H - Independent School District  
B - County I - Public College or University  
C - Municipal J - Private, Non-Profit College or University  
D - Township K - Indian Tribe  
E - Interstate L - Individual  
F - Intermunicipal M - Private, Profit-Making Organization  
G - Special District N - Other (Specify):

8. Novice Applicant X Yes      No

## Application Information

### 9. Type of Submission:

-PreApplication

-Application

Construction

Construction

Non-Construction

X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372

process for review): 7/2/2002

     No (If "No," check appropriate box below.)

     Program is not covered by E.O. 12372.

     Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/02 9/30/05

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes X No

a. If "Yes," Exemption(s) #:

b. Assurance of Compliance #:

OR

c. IRB approval date: Full IRB or

Expedited Review

13. Descriptive Title of Applicant's Project:

Building Bridges Mentoring: Serve 6 high needs schools with mentoring services at grades 4-5, 8 and 9-12 to build a bridge between children and youth and the adult community: Literacy Little League, E Mentoring, and PALS.

## Estimated Funding

14a. Federal \$ 258,017.00

b. Applicant \$     

c. State \$     

d. Local \$     

e. Other \$     

f. Program Income \$     

g. TOTAL \$ 258,017.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Jan Boyer

b. Title: Associate Superintendent

c. Tel. #: (916) 971-7219 Fax #: (916) 971-7682

d. E-Mail Address: jboyer@sanjuan.edu

e. Signature of Authorized Representative

Date: 7/1/02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

**Applicant Information****1. Name and Address**Legal Name: The Kern County Youth Mariachi Foundation (KCYMF)Address: 1401 19<sup>th</sup> Street, Suite 105 JUL - 2 2002

Bakersfield  
City

STATE CLEARING HOUSE

CA  
State

Kern  
County

93301  
ZIP Code + 4

**Organizational Unit**2. Applicant's D-U-N-S Number 11132554963. Applicant's T-I-N 777-104792494. Catalog of Federal Domestic Assistance #: 84.184BTitle: Mentoring Programs5. Project Director: Blodgie RodriguezAddress: 1401 19<sup>th</sup> Street, Suite 105

Bakersfield CA 93301  
City State Zip code + 4

Tel. #: ( 661 ) 327-4934 Fax #: ( 661 ) 327-4938E-Mail Address: blodgie@kernmariachi.com6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): \_\_\_\_\_

**Application Information****9. Type of Submission:**

-PreApplication -Application  
Construction Construction  
Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372  
process for review): 1/1/

☒ No (If "No," check appropriate box below.)☒ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.11. Proposed Project Dates: 09 / 02 / 2002 08 / 31 / 2005

Start Date:

End Date:

**Estimated Funding**14a. Federal \$ 150,000.00b. Applicant \$ 00c. State \$ 00d. Local \$ 139,089.00e. Other/(In-kind) \$ 64,920.00f. Program Income \$ 10,000.00g. TOTAL \$ 364,009.00**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Blodgie Rodriguezb. Title: Interim Program Directorc. Tel. #: ( 661 ) 327-4934 Fax #: ( 661 ) 327-4938d. E-Mail Address: blodgie@kernmariachi.com

e. Signature of Authorized Representative

Date: 07/01/2002

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): \_\_\_\_\_☐ No (Provide Assurance #): \_\_\_\_\_

13. Descriptive Title of Applicant's Project:

The Kern County Youth Mariachi Foundation: Mentoring Program

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

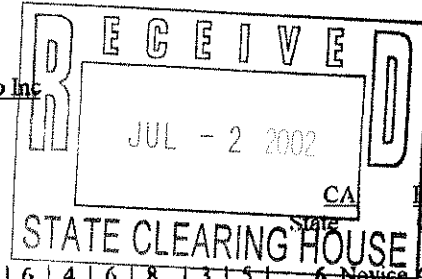
## Applicant Information

### 1. Name and Address

Legal Name: Family Connections El Dorado Inc

Address: 344 Placerville Drive Suite 10

Placerville  
City



El Dorado County  
County

95667  
ZIP Code + 4

### Organizational Unit

2. Applicant's D-U-N-S Number 11596468351

3. Applicant's T-I-N 9412633016

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Safe and Drug-Free Schools and Communities National Program (B)

6. New Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Wendy Wood

Address: 344 Placerville Drive Suite 10

Placerville CA 95667  
City State Zip code + 4

Tel. #: (530) 626-5164 Fax #: (530) 626-0670

E-Mail Address: wendywood@familyconnected.org

- A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): \_\_\_\_\_

## Application Information

### 9. Type of Submission:

-PreApplication -Application  
Construction Construction  
☒ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 2002  
☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 09/01/2002 08/31/2005  
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): \_\_\_\_\_  
☐ No (Provide Assurance #): \_\_\_\_\_

13. Descriptive Title of Applicant's Project:

El Dorado County School Mentor Project

## Estimated Funding

14a. Federal \$ 171,600.00  
b. Applicant \$ 235,000.00  
c. State \$ \_\_\_\_\_ .00  
d. Local \$ \_\_\_\_\_ .00  
e. Other \$ \_\_\_\_\_ .00  
f. Program Income \$ \_\_\_\_\_ .00  
g. TOTAL \$ 406,600.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Wendy Wood MPA

b. Title: Executive Director

c. Tel. #: (530) 626-5164 Fax #: (530) 626-0670

d. E-Mail Address: wendywood@familyconnected.org

e. Signature of Authorized Representative

Wendy Wood

Date: 7/2/02



Application for Federal  
Education Assistance (ED 424)



Youth Mentoring Connection Page 1

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

**Applicant Information**

1. Name and Address

Legal Name: Youth Mentoring Connection

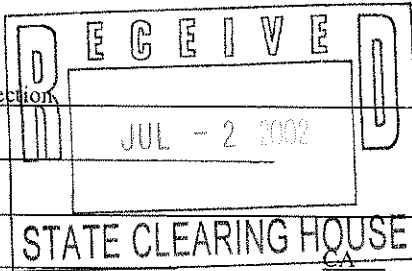
Address: 1316 Keniston Ave.

Los Angeles  
City

CA  
State

Los Angeles  
County

90019 -  
ZIP Code + 4



Organizational Unit

2. Applicant's D-U-N-S Number 0364951120

3. Applicant's T-I-N 951-148451105

4. Catalog of Federal Domestic Assistance #: 84.1 | 8 | 4 | B

Title: Mentoring Programs

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Jennifer LoRe

Address: 1316 Keniston Ave.

Los Angeles CA Los Angeles 90019  
City State County ZIP Code + 4  
Tel. #: (323) 525-1049 Fax #: (323) 525-1048

E-Mail Address: youthmentoring@attbi.com

**Application Information**

9. Type of Submission:

-PreApplication -Application  
Construction Construction  
x Non-Construction x Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☐ Yes (Date made available to the Executive Order 12372  
process for review): / /

x No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372.  
x Program has not been selected by State for review.

11. Proposed Project Dates: 9/1/2002 8/31/2005  
Start Date: End Date:

12. Are any research activities involving human subjects planned at  
any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?  
☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Program Expansion

**Estimated Funding:**

14a. Federal \$ 585,955 .00  
b. Applicant \$ .00  
c. State \$ .00  
d. Local \$ .00  
e. Other \$ 920,240 .00  
f. Program Income \$ .00  
g. TOTAL \$ 1,506,195 .00

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true  
and correct. The document has been duly authorized by the governing body of the applicant  
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Giacomo Mattioli

b. Title: Chairman of the Board

c. Tel. #: (323) 525-1049 Fax #: (323) 525-1048

d. E-Mail Address: youthmentoring@attbi.com

e. Signature of Authorized Representative

Date: 7/1/2002

# Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: ELK GROVE UNIFIED SCHOOL DISTRICT

Address: 9510 Elk Grove-Florin Road

Organizational Unit

Elk Grove  
City

CA  
State

Sacramento  
County

95624  
ZIP Code + 4

2. Applicant's D-U-N-S Number 013617204

6. Novice Applicant Yes X No

3. Applicant's T-I-N 94-6002501

7. Is the applicant delinquent on any Federal debt? Yes X No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84-184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Matt Collier

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify):

Address: 9510 Elk Grove-Florin Road

Elk Grove CA 95624  
City State Zip code + 4  
Tel. #: ( 916 ) 686 7568 Fax #: ( 916 ) 686 7596

E-Mail Address: mcollier@edcenter.egusd.k12.ca.us

## Application Information

### 9. Type of Submission:

PreApplication

Application

Construction

Construction

X Non-Construction

X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review):      /      /     

     No (If "No," check appropriate box below.)

     Program is not covered by E.O. 12372.

     Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
     Yes (Go to 12a.) X (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

     Yes (Provide Exemption(s) #):     

     No (Provide Assurance #):     

13. Descriptive Title of Applicant's Project:

**OPPORTUNITIES MENTORING PROGRAM**

11. Proposed Project Dates:

10/01/02 to 9/30/05

Start Date:

End Date:

## Estimated Funding

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

James Knapp

b. Title: Finance Director

c. Tel. #: ( 916 ) 686-7770

Fax #: ( 916 ) 686-7756

d. E-Mail Address: jknapp@edcenter.egusd.k12.ca.us

e. Signature of Authorized Representative

Date: 07/01/02

14a. Federal \$ 588,483 . 00  
b. Applicant \$      . 00  
c. State \$      . 00  
d. Local \$      . 00  
e. Other \$      . 00  
f. Program Income \$      . 00  
g. TOTAL \$ 588,483 . 00

# Application for Federal Education Assistance

## Applicant Information



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

RECEIVED

## 1. Name and Address

Legal Name: Ventura County Superintendent of Schools Office

Organizational Unit

Special ProjectsAddress: 465 Horizon Circle

STATE CLEARING HOUSE

City: CamarilloState: CACounty: VenturaZIP Code: 93010

+ 4

## 2. Applicant's D-U-N-S Number

1 8 4 0 3 1 5 7 36. Novice Applicant ☒ Yes ☐ No

## 3. Applicant's T-I-N

9 5 - 6 0 0 0 9 4 57. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

## 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

## 8. Type of Applicant (Enter appropriate letter in the box.)

F

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

5. Project Director: Dan LittleAddress: 465 Horizon CircleCity: CamarilloState: CAZIP Code: 93010

+ 4

Tel. #: (805) 388-4435Fax #: (805) 388-4460E-Mail Address: dlittle@vcss.k12.ca.us

## Application Information

## 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☒ Yes (Provide Exemption(s) #): 5☐ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

Mentoring for Success

## 11. Proposed Project Dates:

Start Date:

10/1/2002

End Date:

9/30/2005

## Estimated Funding

14a. Federal	\$	184,000.00
b. Applicant	\$	40,000.00
c. State	\$	60,000.00
d. Local	\$	25,000.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	309,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

Shirley Maclean

## b. Title

Director, Business Servicesc. Tel. #: (805) 383-1942Fax #: (805) 383-1944d. E-Mail Address: smaclean@vcss.k12.ca.us

e. Signature of Authorized Representative

Date: 7-2-02

# Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004**Applicant Information****1. Name and Address**Legal Name: Central American Resource Center (CARECEN) 2 2002Address: 2845 West 7<sup>th</sup> StreetCity Los AngelesCA  
StateLos Angeles  
County90005 - 3907  
ZIP Code + 42. Applicant's D-U-N-S Number 9 2 9 2 2 0 1 0 13. Applicant's T-I-N 9 5 1 3 8 6 7 7 2 44. Catalog of Federal Domestic Assistance #: 84. 1 8 14 BTitle: Mentoring Programs**5. Project Director: Francy Balcomb**Address: 2845 West 7<sup>th</sup> StreetCity Los Angeles State CA Zip code + 4 90005 - 3907Tel. #: ( 213 ) 385-0312 Fax #: ( 213 ) 385-1094E-Mail Address: fbalcomb@carecen-la.org

Organizational Unit

6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box) 1

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): \_\_\_\_\_

**Application Information****9. Type of Submission:**

PreApplication Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

**10. Is application subject to review by Executive Order 12372 process?**☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.11. Proposed Project Dates: 10 / 01 / 2002 09 / 30 / 2005  
Start Date: End Date:12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): \_\_\_\_\_☐ No (Provide Assurance #): \_\_\_\_\_**13. Descriptive Title of Applicant's Project:**CARECEN Mentor Program**Estimated Funding**

14a. Federal \$ 100,000 .00  
b. Applicant \$ 60,000 .00  
c. State \$ \_\_\_\_\_ .00  
d. Local \$ \_\_\_\_\_ .00  
e. Other \$ \_\_\_\_\_ .00  
f. Program Income \$ \_\_\_\_\_ .00  
g. TOTAL \$ 160,000 .00

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Angela Sanbranob. Title: Executive Directorc. Tel. #: ( 213 ) 385 - 0312 Fax #: ( 213 ) 385 - 1094d. E-Mail Address: fbalcomb@carecen-la.org

e. Signature of Authorized Representative

Angela SanbranoDate: 12/02

Application for Federal  
Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

Applicant Information

1. Name and Address

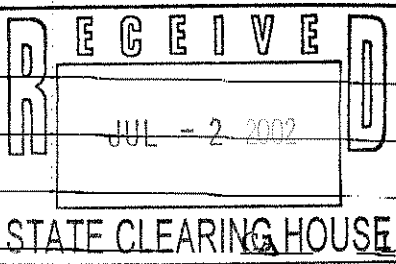
Legal Name: Pueblo Nuevo Development

Address: PO Box 17778

1732 West 7<sup>th</sup> Street

Los Angeles

City



State

Los Angeles  
County

90017 - 0778

ZIP Code + 4

Organizational Unit

2. Applicant's D-U-N-S Number 1112717322

3. Applicant's T-I-N 915139558614

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Safe and Drug-Free Schools & Communities

National Programs B

5. Project Director: Ron Palacios

Address: P. O. BOX 17778

Los Angeles

CA

90017 - 0778

City

State

Zip code + 4

Tel. #: ( 213 ) 483 - 2000 x 15 Fax #: ( 213 ) 483 - 2003

E-Mail Address: ronopal@yahoo.com

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

-PreApplication

-Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372

process for review): 06 / 27 / 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 24 / 2002 7 / 01 / 2005

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

PROJECT STUDENT SUCCESS

Estimated Funding

14a. Federal \$ 600,102 .00

b. Applicant \$ 3,000 .00

c. State \$ 200,000 .00

d. Local \$ 15,000 .00

e. Other \$ 0 .00

f. Program Income \$ 0 .00

g. TOTAL \$ 818,102 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Philip Lance

b. Title: President and Executive Director

c. Tel. #: ( 213 ) 483 - 2000 x 16 Fax #: ( 213 ) 483 - 2003

d. E-Mail Address: plance@pueblonuevo.org

e. Signature of Authorized Representative

Philip G. Lance

Date: 7 / 02 / 2002

# Application for Federal Education Assistance



U.S. Department of Education

Form Approved  
OMB No. 1875-0100  
Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

Legal Name: PARTNERS Mentorship ProgramAddress: 3295 Meade AvenueSan Diego  
CityCA  
StateSan Diego  
County92116 - 4557  
ZIP Code + 4

## 2. Applicant's D-U-N-S Number

9 2 7 0 5 5 1 4 5

## 3. Applicant's T-I-N

3 3 - 0 5 8 7 7 4 5

## 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Katie EdwardsAddress: 3295 Meade AvenueSan Diego  
CityCA  
State92116 - 4557  
ZIP Code + 4Tel. #: (619) 584-5797Fax #: (619) 584-5799E-Mail Address: partners@abac.com

## Organizational Unit

PARTNERS Mentorship Program6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

## 9. Type of Submission:

—PreApplication

—Application

- ☐ Construction  
☐ Non-Construction

- ☐ Construction  
☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 11. Proposed Project Dates:

Start Date:  
1/1/2002End Date:  
12/31/2005

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

The Mentoring Youth, Mid-City (MY Mid-City) Project will provide a one-to-one mentoring program for youth identified as "Habitual Truants" to improve school attendance and performance.

## Estimated Funding

14a. Federal	\$	92,832.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	92,832.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

Katie Edwards

## b. Title

Executive Directorc. Tel. #: (619) 584-5797Fax #: (619) 584-5799d. E-Mail Address: partners@abac.com

Katie Edwards  
e. Signature of Authorized Representative

Date: 7/2/2002

Application for Federal  
Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0108  
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Larry D. Maguire

Address: P.O. Box 230942

Encinitas  
City

CA  
State

United States  
Country

92023 - 0942  
ZIP Code + 4

2. Applicant's D-U-N-S Number

9 4 4 8 9 3 6 9 2

3. Applicant's T-I-N

5 8 - 2 0 8 5 3 2 6

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 b

Title: Mentoring Program

5. Project Director: Larry D. Maguire

Address: P.O. Box 230942

Encinitas

City

CA

State

92023 - 0942

ZIP Code + 4

Tel. #: (760) 944-7509

Fax #: (888) 311-6841

E-Mail Address: flack@speakeasy.org

Organizational Unit

SETACT -FIRST FLIGHT

6. Novice Applicant

☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☒ Non-Construction

☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

FIRST FLIGHT

11. Proposed Project Dates:

Start Date:  
9/1/2002

End Date:  
8/31/2002

Estimated Funding

14a. Federal	\$	183,339.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	183,339.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Larry "Flack" Maguire

b. Title

Project Manager

c. Tel. #: (760) 944-7509

Fax #: (888) 311-6841

d. E-Mail Address: flack@speakeasy.org

L.D. Maguire  
e. Signature of Authorized Representative

Date: 7/2/2002

APPLICATION FOR  
FEDERAL ASSISTANCE

## 2. DATE SUBMITTED

July 2, 2002

RECEIVED		OMB Approval No. 0348-0043
Applicant Identifier		
JUL - 2 2002		
State Application Identifier		
STATE CLEARING HOUSE		

## 1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☒ Non-Construction

## 3. DATE RECEIVED BY STATE

## 4. DATE RECEIVED BY FEDERAL AGENCY

## 5. APPLICANT INFORMATION

Legal Name:

Center for Environmental Econ. Development

Organizational Unit:

Zero Waste Program

Address (give city, county, State, and zip code):

1175 G St, #B, Arcata, CA 95521 (street)  
P.O. Box 4167, Arcata, CA 95518 (mail)

Name and telephone number of person to be contacted on matters involving this application (give area code)

Ruthanne Cecil (707) 822-8347

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-3186347

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

- A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify) non-profit

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

- A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other(specify):

## 9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Solid Waste Management  
Assistance

66-808

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Organics Recycling Board Project

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Humboldt County, CA

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

9/1/02

2/28/04

First Dist. - Calif.

First Dist. - Calif.

## 15. ESTIMATED FUNDING:

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON:

DATE 7/2/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE  
FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

b. Title

c. Telephone Number

Daniel M. Ihara

Executive Director

707-822-8347

d. Signature of Authorized Representative

e. Date Signed

*Dan Ihara*

July 2 2002



# Application for Federal Education Assistance



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

Legal Name: Oakland Unified School DistrictAddress: 1025 Second AvenueCity: OaklandState: CACounty: AlamedaZIP Code + 4: 94606 - 2212

## 2. Applicant's D-U-N-S Number

076554500

## 3. Applicant's T-I-N

94-6000385

## 4. Catalog of Federal Domestic Assistance #:

84184BTitle: Mentoring Programs5. Project Director: Mara BenitezAddress: 1025 Second AvenueCity: OaklandState: CAZIP Code + 4: 94606 - 2212Tel. #: (510) 879-2905Fax #: (510) 879-8800E-Mail Address: marabeni@ousd.k12.ca.us

## Organizational Unit

Alternative Education

STATE CLEARING HOUSE

JUL - 2 2002

## 6. Novice Applicant

☒ Yes ☐ No

## 7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

## 8. Type of Applicant (Enter appropriate letter in the box.)

F

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

## Application Information

## 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

Peacemakers Academy Mentoring Program

## 11. Proposed Project Dates:

Start Date:  
10/1/2002End Date:  
7/1/2005

## Estimated Funding

14a. Federal	\$	<u>200,000</u>	.00
b. Applicant	\$	<u>33,528</u>	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	<u>233,528</u>	0.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

Dennis Chaconas

## b. Title

Superintendentc. Tel. #: (510) 879-8828Fax #: (510) 879-8800d. E-Mail Address: chaconas@ousd.k12.ca.us

e. Signature of Authorized Representative

Date: 6/27

Application for Federal  
Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Sacramento County Office of Education

Address: 9738 Lincoln Village Drive

Sacramento  
City

STATE CLEARING HOUSE

CA  
State

Sacramento  
County

95827 - 3399  
ZIP Code + 4

Organizational Unit

Prevention & Student  
Services Department

2. Applicant's D-U-N-S Number 8 0 0 9 0 6 2 3 2

3. Applicant's T-I-N 9 4 - 6 0 0 2 5 3 6

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

5. Project Director: Cheryl Raney

Address: 9738 Lincoln Village Drive

Sacramento CA 95827 3399  
City State Zip code + 4

Tel. #: (916) 228-2202 Fax #: (916) 228-2216

E-Mail Address: craney@scoe.net

6. Novice Applicant Yes ☒ No

7. Is the applicant delinquent on any Federal debt? Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) K

- A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization  
K - Other (Specify): County Office of Education

Application Information

9. Type of Submission:

PreApplication Application  
Construction Construction  
Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372  
process for review): 7 / 2 / 02

No (If "No," check appropriate box below.)  
Program is not covered by E.O. 12372.  
Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 02 09 / 30 / 05  
Start Date: End Date:

Estimated Funding

14a. Federal \$ 600,000.00  
b. Applicant \$ 225,892.00  
c. State \$           .00  
d. Local \$           .00  
e. Other \$ 54,000.00  
f. Program Income \$           .00  
g. TOTAL \$ 879,892.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true  
and correct. The document has been duly authorized by the governing body of the applicant  
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

David P. Meaney, EdD.

b. Title: County Superintendent of Schools

c. Tel. #: (916) 228-2810 Fax #: (916) 228-2216

d. E-Mail Address: dmeaney@scoe.net

e. Signature of Authorized Representative

David P. Meaney

Date: 7 / 2 / 02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

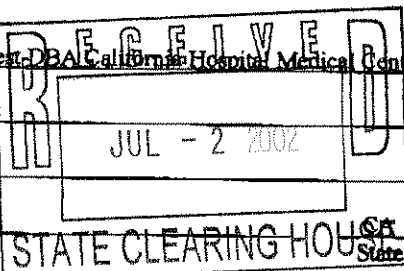
## Applicant Information

### 1. Name and Address

Legal Name: Catholic Healthcare West DBA California Hospital Medical Center

Address: 1401 South Grand Avenue

Los Angeles  
City



Los Angeles  
County

90015  
ZIP Code + 4

### Organizational Unit

Hope Street Family Center

2. Applicant's D-U-N-S Number 10151387912315

3. Applicant's T-I-N 941-1119612013

4. Catalog of Federal Domestic Assistance #: 84. 1184B

Title: Mentoring Programs

6. Novice Applicant Yes ☒ No

7. Is the applicant delinquent on any Federal debt? Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- |                      |   |
|----------------------|---|
| A - State            | F - Independent School District               |
| B - Local            | G - Public College or University              |
| C - Special District | H - Private, Non-profit College or University |
| D - Indian Tribe     | I - Non-profit Organization                   |
| E - Individual       | J - Private, Profit-Making Organization       |

K - Other (Specify): \_\_\_\_\_

5. Project Director: Vickie Kropenske

Address: 1401 S. Grand Ave.

Los Angeles CA 90015  
City State Zip code + 4

Tel. #: (213) 742-5893 Fax #: (213) 742-5875

E-Mail Address: rhume@chw.edu

## Application Information

### 9. Type of Submission:

<input checked="" type="checkbox"/> Pre-Application	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372 process for review):   /  /  

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): \_\_\_\_\_

☐ No (Provide Assurance #): \_\_\_\_\_

13. Descriptive Title of Applicant's Project:

Hope Street Mentoring Program

11. Proposed Project Dates: 10/1/02  
Start Date:

9/30/05  
End Date:

## Estimated Funding

14a. Federal	\$ <u>200,000</u>	.00
b. Applicant	\$ <u>23,624</u>	.00
c. State	\$ _____	.00
d. Local	\$ _____	.00
e. Other	\$ _____	.00
f. Program Income	\$ _____	.00
g. TOTAL	\$ <u>223,624</u>	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Mark A. Meyers

b. Title: President

c. Tel. #: (213) 742-5778 Fax #: (213) 765-4078

d. E-Mail Address: meverson@chw.edu

e. Signature of Authorized Representative

Mark A. Meyers

Date: 7/1/02

# Application for Federal Education Assistance (ED 424)

## Applicant Information



U.S. Department of Education  
Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

### 1. Name and Address

Legal Name: Jefferson Union High School District

Address: 699 Serramonte Blvd.  
Suite 100

Daly City  
City

Organizational Unit

DALY CITY YOUTH HEALTH CENTER

San Mateo  
County

94015 - 4132  
ZIP Code + 4

STATE CLEARING HOUSE

### 2. Applicant's D-U-N-S Number

0 7 8 7 7 2 8 2 9

6. Novice Applicant ☒ Yes ☐ No

### 3. Applicant's T-I-N

9 4 - 3 0 8 3 7 7 2

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) **B**

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Private, Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify):

### 5. Project Director: Barbara Raboy

Address: 2780 Junipero Serra Blvd.

Daly City CA 94015 - 1634  
City State ZIP Code + 4

Tel. #: (650) 991-2240 Fax #: (650) 991-7498

E-Mail Address: barblraboy@aol.com

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

MENTORING CONNECTIONS

### 11. Proposed Project Dates:

Start Date:  
10/1/2002

End Date:  
9/30/2005

## Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Michael J. Crilly

b. Title Superintendent, Jefferson Union High School District

c. Tel. #: (650) 550-7960 Fax #: (650) 550-7888

d. E-Mail Address: mcrilly@juhsd.k12.ca.us

e. Signature of Authorized Representative

6-27-02  
Date:

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved  
 OMB No. 1875-0106  
 Exp. 10/30/2004

JUL - 2 2002

STATE CLEARING HOUSE

## Applicant Information

### 1. Name and Address

Legal Name: Vallejo Community Consortium/Fighting BackAddress: 505 Santa Clara St., 3rd FloorVallejo, CA

City

Application in Process

CA  
StateSolano  
County94590  
ZIP Code + 42. Applicant's D-U-N-S Number                     3. Applicant's T-I-N 681-029810924. Catalog of Federal Domestic Assistance #: 84.184BTitle: Mentoring Programs5. Project Director: Melvin OrpillaAddress: 505 Santa Clara St., 3rd FloorVallejo

CA

94590

City State Zip code + 4

Tel. #: (707) 648 - 5230 Fax #: (707) 648 - 5212

E-Mail Address: mel@fight-back.org

## Application Information

### 6. Type of Submission:

PreApplication      -Application  
Construction      Construction  
Non-Construction      X Non-Construction

7. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 06/29/02No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.Program has not been selected by State for review.8. Proposed Project Dates: 10/01/2002 09/30/2005

Start Date:

End Date:

## Estimated Funding

4a. Federal \$ 118,823 .00Applicant \$ 22,170 .00State \$            .00Local \$            .00Other \$            .00Program Income \$            .00TOTAL \$ 138,993 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Jane Callahanb. Title: Executive Director

c. Tel. #: (707) 648 - 5230 Fax #: (707) 648 - 5212

d. E-Mail Address: jane@fight-back.org

e. Signature of Authorized Representative

Date: 7/1/02

# Application for Federal Education Assistance



U.S. Department of Education

 Form Approved  
 OMB No. 1875-0106  
 Exp. 11/30/2004

## Applicant Information

## 1. Name and Address

Legal Name: Oakland Unified School DistrictAddress: 1025 Second Avenue
Oakland  
 City

CA  
 State

Alameda  
 County

94606 - 2212  
 ZIP Code + 4
2. Applicant's D-U-N-S Number 0765545003. Applicant's T-I-N 94-60003854. Catalog of Federal Domestic Assistance #: 84184BTitle: Mentoring Programs5. Project Director: Helen KeelsAddress: 460 63rd StreetOakland

City

CA  
 State

94609 - 1399  
 ZIP Code + 4
Tel. #: (510) 879-1454Fax #: (510) 879-1459E-Mail Address: sspindt@yahoo.com

## Organizational Unit

Peralta, Hoover and Longfellow Elementary  
 Schools

 JUL - 2 2002  
 STATE CLEARING HOUSE
6. Novice Applicant ☒ Yes ☐ No
 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
 (If "Yes," attach an explanation.)
8. Type of Applicant (Enter appropriate letter in the box.) F

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

 F Independent School  
 District

## Application Information

## 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

Northwest Oakland Mentor Project

## 11. Proposed Project Dates:

 Start Date:  
10/1/2002

 End Date:  
7/1/2005

## Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

Dennis Chaconas

## b. Title

Superintendentc. Tel. # (510) 879-8828Fax #: (510) 879-8800d. E-Mail Address: chaconas@ousd.k12.ca.us

## e. Signature of Authorized Representative

Date: 6/28/02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: The Kern County Youth Mariachi Foundation (KCYMF)

Address: 1401 19<sup>th</sup> Street, Suite 105

### Organizational Unit

Bakersfield

City

CA

State

Kern

County

93301

ZIP Code + 4

2. Applicant's D-U-N-S Number 1 1 3 2 5 5 4 9 6

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 7 7 0 4 7 9 2 4 9

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Blodgie Rodriguez

Address: 1401 19<sup>th</sup> Street, Suite 105

Bakersfield

City

CA

State

93301

Zip code + 4

Tel. #: ( 661 ) 327-4934 Fax #: ( 661 ) 327-4938

E-Mail Address: blodgie@kernmariachi.com

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

K - Other (Specify)

F - Independent School District

G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

L - Private, Profit-Making Organization

## Application Information

### 9. Type of Submission:

-PreApplication

-Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372 process for review):   /  /  

☒ No (If "No," check appropriate box below.)

☒ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 09 / 02 / 2002 08 / 31 / 2006

Start Date:

End Date:

## Estimated Funding

14a. Federal \$ 150,000.00

b. Applicant \$       .00

c. State \$       .00

d. Local \$ 139,089.00

e. Other/(In-kind) \$ 64,920.00

f. Program Income \$ 10,000.00

g. TOTAL \$ 364,009.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Blodgie Rodriguez

b. Title: Interim Program Director

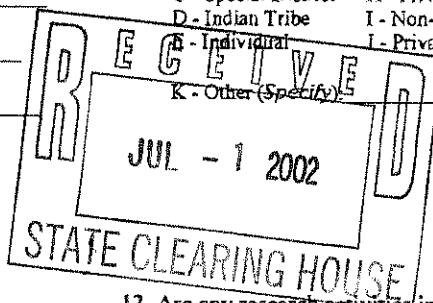
c. Tel. #: ( 661 ) 327-4934 Fax #: ( 661 ) 327-4938

d. E-Mail Address: blodgie@kernmariachi.com

e. Signature of Authorized Representative

Blodgie Rodriguez

Date: 07/01/2002



# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: A World Fit For Kids!Address: 2550 W. Beverly Blvd.  
2nd FloorCity: Los Angeles

Organizational Unit

JUL - 1 2002

STATE CLEARING HOUSE

Los Angeles

90057 - 1029

State

County

ZIP Code + 4

### 2. Applicant's D-U-N-S Number

0 4 1 3 4 7 9 6 9

### 6. Novice Applicant

Yes ☐ No ☒

### 3. Applicant's T-I-N

3 3 - 0 5 5 0 9 9 4

### 7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.)

Yes ☐ No ☒

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Safe & Drug-Free Schools and  
Communities Mentoring Programs.

### 8. Type of Applicant (Enter appropriate letter in the box.)

1

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School  
District

### 5. Project Director: Ms. Normandie Nigh

Address: 2550 W. Beverly Blvd. 2nd FlCity: Los Angeles

CA

90057 1029

State

ZIP Code + 4

Tel. #: 213-387-7712Fax #: 213-487-3240E-Mail Address: Lafit@aol.com

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 7-01-02☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #)☐ No (Provide Assurance #)

### 13. Descriptive Title of Applicant's Project

A World Fit For Kids!After-School Mentoring Program

### 11. Proposed Project Dates:

Start Date:

End Date:

01/01/2003

12/31/2005

## Estimated Funding

14a. Federal	\$ 200,000	.00
b. Applicant	\$ 400,000	.00
c. State	\$ 120,000	.00
d. Local	\$ 0	.00
e. Other	\$ 76,725	.00
f. Program Income	\$ 0	.00
g. TOTAL	\$ 796,725	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly)

Ms. Normandie Nigh

### b. Title

Executive Directorc. Tel. #: 213-387-7712Fax #: 213-487-3240d. E-Mail Address: Lafit@aol.come. Signature of Authorized Representative  
Normandie NighDate: 07/01/2002



# APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED	
OMB Approval No. 0348-0043	
JUL - 2 2002	
STATE CLEARING HOUSE	

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 7-2-02	Applicant Identifier JUL - 2 2002
<b>3. DATE RECEIVED BY STATE</b> State Application Identifier		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier	

<b>5. APPLICANT INFORMATION</b> Legal Name: County of Humboldt Address (give city, county, State, and zip code): 520 E. Street Eureka, Humboldt, CA 95501		Organizational Unit: Community Development Serv., Economic Division. Name and telephone number of person to be contacted on matters involving this application (give area code): Jacqueline Debets (707) 445-7747
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000513	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; line-height: 20px; margin: 5px auto;">B</div>
---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: Brownfields Assessment Demo. Pilot 66-8111	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Samoa Peninsula Redevelopment; Phase I, Phase II, Assess zoning & redevelopment needs, solicit citizen input for final project.
---	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Humboldt County, California		<b>13. PROPOSED PROJECT</b> Start Date: 10/02    Ending Date: 10/05	
---	--	--	--

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant # 1	b. Project # 1
--	----------------

<b>15. ESTIMATED FUNDING:</b> 200,000 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 20%;">200,000</td> <td style="width: 20%;">.</td> <td style="width: 20%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>200,000</td> <td>.</td> <td>00</td> </tr> </table>	a. Federal	\$	200,000	.	00	b. Applicant	\$		.	00	c. State	\$		.	00	d. Local	\$		.	00	e. Other	\$		.	00	f. Program Income	\$		.	00	g. TOTAL	\$	200,000	.	00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7-2-02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	200,000	.	00																																
b. Applicant	\$		.	00																																
c. State	\$		.	00																																
d. Local	\$		.	00																																
e. Other	\$		.	00																																
f. Program Income	\$		.	00																																
g. TOTAL	\$	200,000	.	00																																

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>
---	--

a. Type Name of Authorized Representative Kirk Girard	b. Title Community Development Services Director	c. Telephone Number (707) 288-3735
d. Signature of Authorized Representative 	e. Date Signed 7/02/02	

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1871-00106  
Exp. 11/30/2004

Organizational Unit

JUL - 2 2002

STATE CLEARING HOUSE

## Applicant Information

### 1. Name and Address

Legal Name: The Kern County Youth Mariachi Foundation (KCYMF)

Address: 1401 19<sup>th</sup> Street, Suite 105

Bakersfield  
City

CA  
State

Kern  
County

93301  
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 1 3 2 5 5 4 9 6

3. Applicant's T-I-N 7 7 - 0 4 7 9 2 4 9

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

5. Project Director: Blodgie Rodriguez

Address: 1401 19<sup>th</sup> Street, Suite 105

Bakersfield CA 93301  
City State Zip code + 4

Tel. #: ( 661 ) 327-4934 Fax #: ( 661 ) 327-4938

E-Mail Address: blodgie@kernmariachi.com

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

## Application Information

### 9. Type of Submission:

PreApplication Application  
Construction Construction  
Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372 process for review):      /      /     

☒ No (If "No," check appropriate box below.)

☒ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 09 / 02 / 2002 08 / 31 / 2005

Start Date:

End Date:

## Estimated Funding

14a. Federal \$ 150,000.00

b. Applicant \$     .00

c. State \$     .00

d. Local \$ 139,089.00

e. Other/(In-kind) \$ 64,920.00

f. Program Income \$ 10,000.00

g. TOTAL \$ 364,009.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Blodgie Rodriguez

b. Title: Interim Program Director

c. Tel. #: ( 661 ) 327-4934 Fax #: ( 661 ) 327-4938

d. E-Mail Address: blodgie@kernmariachi.com

e. Signature of Authorized Representative

Date: 07/01/2002

Application for Federal  
Education Assistance (ED 424)

JUL - 2 2002

U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Apple Valley Unified School Dist.

Address: 22974 Bear Valley Rd.

Apple Valley

Organizational Unit

Yucca Loma Elementary

21351 Yucca Loma Rd.

Apple Valley, CA 92307

City

CA  
State

San Bernardino

County

92308

ZIP Code - 4

2. Applicant's D-U-N-S Number

057519209

6. Novice Applicant

☐ Yes

☒ No

3. Applicant's T-I-N

330221738

7. Is the applicant delinquent on any Federal debt?

☐ Yes

☒ No

(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #

84287

Title:

8. Type of Applicant (Enter appropriate letter in the box.)

F

5. Project Director: Paul Swick

Address: 21351 Yucca Loma Rd.

Apple Valley CA 92307

City

State

ZIP Code - 4

Tel. #: 760 247-2623

Fax #: 760 247-4300

E-Mail Address: paul-swick@avsd.k12.ca.us

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School

District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Non-Construction

☐ Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/3/02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

Start Date:

End Date:

11. Proposed Project Dates:

9/1/02

06/30/05

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.)

☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

TURNING POINTS - A Mentoring Program for Youth

Estimated Funding

14a. Federal	\$	<u>265,055</u>	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	<u>265,055</u>	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Tom E. Hoegerman

b. Title:

Assistant Superintendent

c. Tel. #: 760 247-8001

Fax #: 760 247-4103

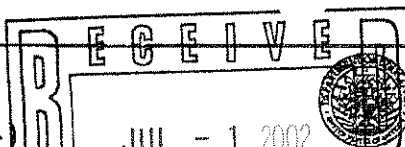
d. E-Mail Address:

tom-hoegerman@avsd.k12.ca.us

e. Signature of Authorized Representative

Date: 7/1/02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education  
Form Approved  
OMB No. 1875-0105  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: The University Corporation, Calif. State University

Address: 18111 Nordhoff Street

Organizational Unit

**STATE CLEARING HOUSE**

Educational Opportunity Programs

Northridge  
City

CA  
State

Los Angeles  
County

91330 - 8232  
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 5 5 7 5 2 3 3 1

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 9 5 - 1 9 9 2 7 3 2

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) **G**

5. Project Director: Frank Muniz

Address: 18111 Nordhoff Street

Northridge  
City

CA  
State

91330 - 8366  
ZIP Code + 4

Tel. #: (818) 677-4151

Fax #: (818) 677-4153

E-Mail Address: frank.muniz@csun.edu

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School  
District

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372

process for review): 7/1/2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.)

☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

EOP Community Mentor Program

### 11. Proposed Project Dates:

Start Date:  
10/1/2002

End Date:  
9/30/2005

## Estimated Funding

14a. Federal	\$	600,000.00
b. Applicant	\$	530,815.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	1,130,815.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Scott Pérez

b. Title Director of Research

c. Tel. #: (818) 677-2901

Fax #: (818) 677-4691

d. E-Mail Address: Scott.perez@csun.edu

e. Signature of Authorized Representative

Date: 7/1/2002

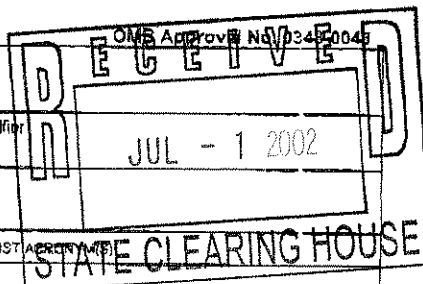
# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED  
June 28, 2002

Applicant Identifier

3. DATE RECEIVED BY STATE  
State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY  
Federal Identifier



## 1. TYPE OF SUBMISSION

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

## 5. APPLICANT INFORMATION

16. THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST AGENCY(IES)

Legal Name:

Regents, University of California

Organizational Unit:

Address (give city, county, state, and zip code):

University of California, Riverside, Office of Research Affairs  
University of California, Riverside, Office of Research Affairs  
Department of Entomology, University of California  
County of Riverside

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)

PI: John Trumble phone: 909-787-5524

e-mail: john.trumble@ucr.edu

ADMIN. CONTACT: Jeanne Reyes phone: 909-787-5535

e-mail: jeanne.reyes@ucr.edu

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 6 1 4 2

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School Dist.
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify) \_\_\_\_\_

## 9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency - ORD - NCER

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

6 8 . 5 0 0

TITLE: 2002-STAR-NCER-K1

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Potential for increased bioavailability of mercury in selenium contaminated sites;  
Risk assessment and ecological effects

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Riverside, California

## 13. PROPOSED PROJECT:

Start Date

Ending Date

Jan 1, 2003

Dec 31, 2004

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

43

b. Project

43

Regents, University of California

## 15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	\$ 199,802	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 199,802	.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/1/02

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Jeanne Reyes

b. Title

Senior Contract and Grants Analyst

c. Telephone number

909-787-5535

d. Signature of Authorized Representative

*Jeanne Reyes*

e. Date Signed

07/01/02

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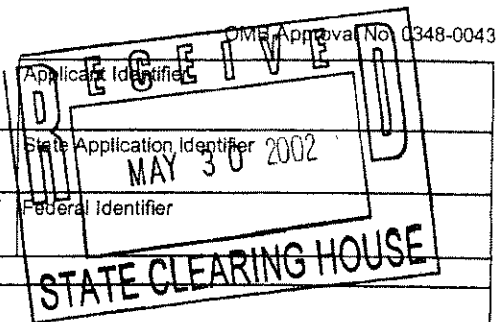
Standard Form 424 (REV 4-88)

27701217

TOTAL P.03

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED



1. TYPE OF SUBMISSION:

Application  
☒ Construction  
☐ Non-Construction  
 Preapplication  
☒ Construction  
☐ Non-Construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:  
Strawberry Lodge Mutual Water Company

Organizational Unit:  
Same

Address (give city, county, State, and zip code):

P.O. Box 7  
Twin Peaks, CA 92391

Name and telephone number of person to be contacted on matters involving this application (give area code)

John G. Egan, 909-889-0676

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6064515

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State  
 B. County  
 C. Municipal  
 D. Township  
 E. Interstate  
 F. Intermunicipal  
 G. Special District  
 H. Independent School Dist.  
 I. State Controlled Institution of Higher Learning  
 J. Private University  
 K. Indian Tribe  
 L. Individual  
 M. Profit Organization  
 N. Other (Specify) Non-Profit

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration  
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

United States Dept. of Agriculture  
Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Water & Waste Disposal  
 TITLE: Loan & Grant Program

10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Replace, upgrade obsolete and old water  
distribution facilities - pipelines,  
well, and storage.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

San Bernardino County, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date  
6/03  
 Ending Date  
8/04

a. Applicant  
40th (Lewis)

b. Project  
40th

15. ESTIMATED FUNDING:

a. Federal	\$	1,100,000	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	1,100,000	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE \_\_\_\_\_

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

b. Title

c. Telephone Number

d. Signature of Authorized Representative

e. Date Signed

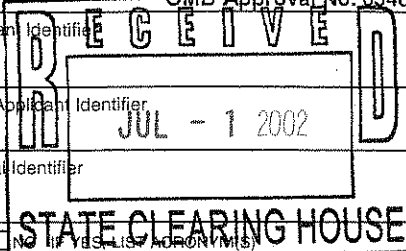
Previous Edition Usable  
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Standard Form 424 (Rev. 7-97)  
 Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

A. Identifier



1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction

☐ Construction

☒ Non-Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☐ NO (If YES, List Agency)

Legal Name:

Regents of the University of California

Organizational Unit:

College of Engineering

Address (give city, county, state, and zip code):

University of California, Riverside  
Bourns College of Engineering  
Department of Chemical & Environmental Engineering  
Riverside, CA. 92521

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)

PI: Ashok Muichandani, (909) 787-6419, adani@engr.ucr.edu  
Dept. of Chemical & Environmental Engineering  
ADMIN. CONTACT: Ruben Gomez  
(909) 787-5535, rube.Gomez@ucr.ac1.ucr.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 6 1 4 2

7. TYPE OF APPLICANT: (enter appropriate letter in box)

I

- |                     |  |
|---------------------|--|
| A. State            | H. Independent School Dist.                        |
| B. County           | I. State Controlled Institution of Higher Learning |
| C. Municipal        | J. Private University                              |
| D. Township         | K. Indian Tribe                                    |
| E. Interstate       | L. Individual                                      |
| F. Intermunicipal   | M. Profit Organization                             |
| G. Special District | N. Other (Specify)                                 |

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ ☐

- |                      |                   |                      |
|----------------------|-------------------|----------------------|
| A. Increase Award    | B. Decrease Award | C. Increase Duration |
| D. Decrease Duration | Other (specify):  |                      |

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

6 6 . 5 0 0

TITLE: 2002-STAR - L1

Environmental Futures Research in Nanoscale Science, Engineering and Technology

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

NANOBIOELECTRONIC DEVICE FOR ENVIRONMENTAL MONITORING

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT:

Start Date

Ending Date

01/01/03

12/31/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

43rd

15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	\$	390,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	390,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE June 28, 2002

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Ruben B. Gomez

b. Title

Principal Contract & Grant Analyst

c. Telephone number

(909) 787-5535

d. Signature of Authorized Representative

Ruben B. Gomez

e. Date Signed

6-28-02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Alameda Unified School DistrictAddress: 2200 Central AvenueCity AlamedaState CACounty AlamedaZIP Code 94501 - 4

### 2. Applicant's D-U-N-S Number

0 7 6 5 2 7 3 4 2

### 3. Applicant's T-I-N

9 4 - 6 0 0 2 0 6 1

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

### 5. Project Director: Carla Greathouse

Address: 2200 Central Avenue, Room 209ECity AlamedaState CAZIP Code 94501 - 4Tel. #: (510) 337-7093Fax #: (510) 337-7163E-Mail Address: carlagreathouse@msn.com

### Organizational Unit

### 6. Novice Applicant ☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.) F

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372  
process for review): 6/26/2002☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Alameda Unified School District  
Literacy Intervention Mentoring Program

### 11. Proposed Project Dates:

Start Date:  
8/15/2002End Date:  
6/30/2006

## Estimated Funding

14a. Federal	\$	504,729.00
b. Applicant	\$	166,614.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	671,343.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Ms. Ardella Dailey

### b. Title

Assistant Superintendent, Alameda Unified School Districtc. Tel. #: (510) 337-7064Fax #: (510) 522-6926d. E-Mail Address: adailey@alameda.k12.ca.us

e. Signature of Authorized Representative

Date: 6/26/2002



# APPLICATION FOR FEDERAL ASSISTANCE

<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>R E C E I V E D</b>  JUL 1 2002  OMB Approval No. 0348-0043 </div>	
2. DATE SUBMITTED June 28, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:	
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction

## 5. APPLICANT INFORMATION

Legal Name: City of Gardena, California	Organizational Unit: Municipality
Address (give city, county, State, and zip code): 1700 West 162nd Street Gardena, CA 90247	Name and telephone number of person to be contacted on matters involving this application (give area code): Yvonne Mallory (310)217-9533

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000713

## 8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

--	--

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ C

- |                     |  |
|---------------------|--|
| A. State            | H. Independent School Dist.                        |
| B. County           | I. State Controlled Institution of Higher Learning |
| C. Municipal        | J. Private University                              |
| D. Township         | K. Indian Tribe                                    |
| E. Interstate       | L. Individual                                      |
| F. Intermunicipal   | M. Profit Organization                             |
| G. Special District | N. Other (Specify) _____                           |

## 9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-811

TITLE: Brownfields Pilot Cooperative Agreement

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Gardena Brownfields Economic  
Redevelopment  
Additional Site Assessments

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Gardena, Ca.

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

State of California, District No. 35

Start Date  
10/1/02

Ending Date

a. Applicant  
City of Gardena, CA

b. Project  
Brownfields Pilot

## 15. ESTIMATED FUNDING:

a. Federal	\$	150,000 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	150,000 <sup>00</sup>

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE 6/28/02
- b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Mitchell G. Lansdell	b. Title City Manager	c. Telephone Number (310)217-9505
d. Signature of Authorized Representative <i>Mitchell G. Lansdell</i>		e. Date Signed 6-27-02

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Juma VenturesAddress: 190 Ninth Street  
Suite 100City San FranciscoCA  
StateSan Francisco  
County94103 - 2603  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

0 1 4 2 6 9 3 9 8

### 3. Applicant's T-I-N

9 4 - 3 2 0 3 2 0 3

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

### 5. Project Director: Muriel O'Connell

Address: Juma Ventures 190 Ninth Street, Suite 100City San Francisco State CA ZIP Code + 4 94103 - 2603Tel. #: (415) 252-0502 Fax #: (415) 252-0940E-Mail Address: murielo@jumaventures.org

### Organizational Unit

### 6. Novice Applicant ☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.)

I

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

- ☐ Construction  
☐ Non-Construction

- ☐ Construction  
☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 6/21/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):  
☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Work Based Youth Mentoring Program

### 11. Proposed Project Dates:

Start Date:  
10/1/2002End Date:  
9/30/2005

## Estimated Funding

14a. Federal	\$	450,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	317,508.00
f. Program Income	\$	.00
g. TOTAL	\$	767,508.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Diane Flannery, Ph.D.

### b. Title

Chief Executive Officerc. Tel. #: (415) 252-0502Fax #: (415) 252-0940d. E-Mail Address: dianef@jumaventures.org

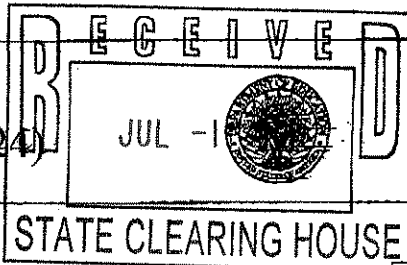
e. Signature of Authorized Representative

Date: 6/26/2002

RECEIVED  
JUL - 1 2002

USE

Application for Federal  
Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

**Applicant Information**

**1. Name and Address**

Legal Name: Oakland Unified School District

Address: 1025 Second Avenue

Organizational Unit

Fruitvale Elementary

Oakland  
City

Ca  
State

Alameda  
County

94602  
ZIP Code + 4

2. Applicant's D-U-N-S Number: 94161010131815

3. Applicant's T-I-N: 941-161010131815

4. Catalog of Federal Domestic Assistance #: 84. 118141B1

Title: Mentoring Programs

6. Novice Applicant: Yes ☒ No

7. Is the applicant delinquent on any Federal debt? Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) B

- A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Shart J. Richardson

Address: 3200 Boston Avenue

Oakland CA 94602  
City State Zip code + 4

Tel. #: (510) 879-2826 Fax #: (510) 879-117

E-Mail Address: oaklandsaigon@att.net

**Application Information**

**9. Type of Submission:**

☒ Pre-Application ☒ Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
☒ Yes (Date made available to the Executive Order 12372  
process for review: 9/10/02)

☐ No (If "No," check appropriate box below.)  
☐ Program is not covered by E.O. 12372  
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 9/10/02 8/30/03  
Start Date: End Date:

12. Are any research activities involving human subjects planned at  
any time during the proposed project period?  
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Fruitvale ECHO Mentoring  
Program

**Estimated Funding**

14a. Federal \$ 450,000 .00  
b. Applicant \$ 27,700 .00  
c. State \$ 136,426 .00  
d. Local \$ 0 .00  
e. Other \$ 233,595 .00  
f. Program Income \$ 0 .00  
g. TOTAL \$ 847,721 .00

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

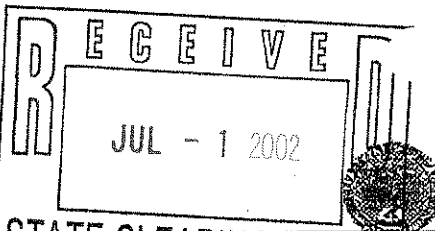
b. Title:

c. Tel. #: ( ) - - - - - Fax #: ( ) - - - - -

d. E-Mail Address:

e. Signature of Authorized Representative

# Application for Federal Education Assistance



U.S. Department of Education  
Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Helix Charter High School  
Address: 7323 University Ave.

### Organizational Unit

Public Charter High School

La Mesa  
City

CA  
State

San Diego  
County

91941 - 6055  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

100116581

### 6. Novice Applicant Yes

### 3. Applicant's T-I-N

956001517

Title: Mentoring Programs

### 4. Catalog of Federal Domestic Assistance #:

84 184B

### 5. Project Director: Douglas D Smith

Address: 7323 University Ave

La Mesa  
City

CA  
State

91941 - 6055  
ZIP Code + 4

Tel. #: (619) 644-1940

Fax #: (619) 462-9266

E-Mail Address: dsmith@helixcharter.net

7. Is the applicant delinquent on any Federal debt? No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☒ K

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify): Charter School

## Application Information

### 9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

### 10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/02/2002

No (Provide Assurance #, if available):

### 11. Proposed Project Dates:

Start Date:	End Date:
<u>09/01/2002</u>	<u>09/01/2005</u>

13. Descriptive Title of Applicant's Project:  
Senior High/Senior Life Connection (Mentoring Program)

## Estimated Funding

14a. Federal	\$	105,824	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	105,824	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant complies with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Douglas D. Smith, Ed.D.

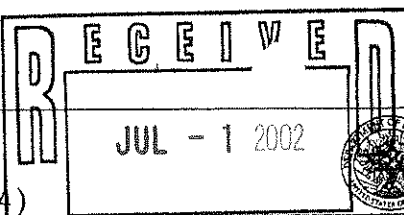
b. Title Principal

c. Tel. #: (619)644-1940 x 111

d. E-Mail Address: dsmith@helixcharter.net

e. Signature of Authorized Representative

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: WEST CONTRA COSTA UNIFIED SCHOOL DISTRICTAddress: 1108 Bissell Avenue

### Organizational Unit

Adams Middle School  
Portola Middle SchoolRichmond  
CityCA  
StateContra Costa  
County94801 - 3135  
ZIP Code + 4

### 2. Applicant's D-U-N-S Number

1 0 0 1 3 1 7 1 3

### 3. Applicant's T-I-N

6 8 - 0 0 0 0 4 9 5

### 4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

### 5. Project Director: Gloria Scoggins

Address: 2625 Barnard RoadRichmond

City

CA

State

94806 -

ZIP Code + 4

Tel. #: (510) 222-8354Fax #: (510) 758-3210E-Mail Address: gscoggins@wccusd.k12.ca.us

### 6. Novice Applicant ☒ Yes ☐ No

### 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

### 8. Type of Applicant (Enter appropriate letter in the box.) F

- A State  
B Local  
C Special District  
D Indian Tribe  
E Individual  
F Independent School District  
G Public College or University  
H Private, Non-Profit College or University  
I Non-Profit Organization  
J Private, Profit-Making Organization  
K Other (Specify):

## Application Information

### 9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/1/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

☒ Yes (Provide Exemption(s) #): 3☐ No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

Middle School Mentoring Project at Adams & Portola

### 11. Proposed Project Dates:

Start Date:

10/1/2002

End Date:

9/30/2005

## Estimated Funding

14a. Federal	\$	159,769.00
b. Applicant	\$	79,930.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	239,699.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

### a. Authorized Representative (Please type or print name clearly.)

Dr. Gloria Johnston

### b. Title

Superintendent of Schoolsc. Tel. #: (510) 620-2205Fax #: (510) 236-6784d. E-Mail Address: gjohnston@wccusd.k12.ca.usGloria L. Johnston *KEB*

e. Signature of Authorized Representative

Date: 6/28/2002

Application for Federal  
Education Assistance (ED 424)

RECEIVED  
JUL - 1 2002



U.S. Department of Education

Form Approved  
OMB No. 1875-0108  
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Fremont Unified School District

Address: 4210 Technology Drive

Organizational Unit

STATE CLEARING HOUSE

Fremont

City

CA

State

Alameda

County

94538

ZIP Code + 4

2. Applicant's D-U-N-S Number

080716301

6. Novice Applicant

☐ Yes ☒ No

3. Applicant's T-I-N

94-1636029

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #:

84184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.)

K

5. Project Director: Sherry Jennings-King

Address: 4588 Peralta Blvd., Suite 17

Fremont

CA

94536

City

State

ZIP Code + 4

Tel. #: 510-795-6488

Fax #: 510-795-6498

ext. 6174

E-Mail Address: sherryjk@beamentor.org

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

Local Educational

Agency

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒

Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002

☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #): N/A

☐

No (Provide Assurance #): N/A

13. Descriptive Title of Applicant's Project:

Fremont Mentor Program

JUL - 1 2002

11. Proposed Project Dates:

Start Date: 10/01/02

End Date: 09/30/02

Estimated Funding

14a. Federal \$ 224,576 .00

b. Applicant \$ .00

c. State \$ .00

d. Local \$ .00

e. Other \$ .00

f. Program Income \$ .00

g. TOTAL \$ 224,576 0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Sharon Belshaw-Jones

b. Title

Superintendent

c. Tel. #: 510-659-2542

Fax #: 510-659-2597

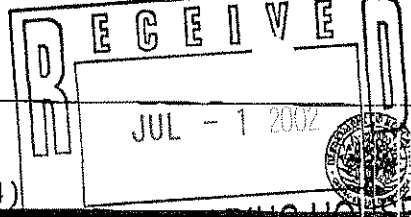
d. E-Mail Address:

e. Signature of Authorized Representative

Date: 6-27-02

# Application for Federal Education Assistance (ED 424)

## Applicant Information



U.S. Department of Education

Form Approved  
OMB No. 1875-1106  
Exp. 11/30/2014

## 1. Name and Address

Legal Name: Imperial County Office of EducationAddress: 1398 Sperber RoadEl Centro, CA 92242City El CentroState CACounty ImperialZIP Code + 4 92243 -

## 2. Applicant's D-U-N-S Number

084980176

## 3. Applicant's T-I-N

95-6001665

## 4. Catalog of Federal Domestic Assistance #:

84184BTitle: Mentoring Program5. Project Director: Rita BroganAddress: 1398 Sperber RoadCity El CentroState CAZIP Code + 4 92243 -Tel. #: 760-312-6498Fax #: 760-312-6576E-Mail Address: rbrogan@icoe.k12.ca.us

## Organizational Unit:

Student Well-Being & Family Resources

## 6. Novice Applicant

☒ Yes ☐ No

## 7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.)

☐ Yes ☒ No

## 8. Type of Applicant (Enter appropriate letter in the box.)

F

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

## Application Information

## 9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

## 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/1/02☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

## 11. Proposed Project Dates:

Start Date: 10/01/02End Date: 09/30/03

## 12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

## 12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☒ No (Provide Assurance #):

## 13. Descriptive Title of Applicant's Project:

Safe and Drug Free Schools  
Mentoring Program

## Estimated Funding

14a. Federal	\$	200,000	.00
b. Applicant	\$	50,199	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	250,199	.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

## a. Authorized Representative (Please type or print name clearly.)

John D. Anderson

## b. Title

County Superintendent of Schools

## c. Tel. #:

760-312-6440Fax #: 760-312-6576d. E-Mail Address: janderson@icoe.k12.ca.us

e. Signature of Authorized Representative

Date: 07/02/02

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> July 2, 2002	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b> Legal Name: California Department of Fish and Game Address (give city, county, state, and zip code): 1807-13th Street, Suite 103 Sacramento, Sacramento County California, 95814-7117		Organizational Unit: Wildlife Conservation Board Name and telephone number of the person to be contacted on matters involving this application (give area code): Debbie Townsend (916) 445-1113	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68 - 0296961		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 2px;">A</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, Fish and Wildlife Service	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15 - 615 TITLE: Cooperative Endangered Species Conservation Fund		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Land Acquisition Otay Lakes/Proctor Valley San Diego County	

<b>13. PROPOSED PROJECT</b> Start Date: 7/05/02 Ending Date: 9/30/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Statewide b. Project: Congressional Districts 48-52	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 14,225,000.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/2/02	
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 30,085,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 44,310,000.00		

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Al Wright	b. Title Executive Director	c. Telephone Number (916) 445-0137
d. Signature of Authorized Representative		e. Date Signed July 2, 2002

Previous Edition Usable  
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Standard Form 424 (Rev. 4-92)  
Prescribed by OMB Circular A-102

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JUL - 1 2002

STATE CLEARING HOUSE



# Application for Federal Education Assistance (ED 424)

U.S. Department of Education

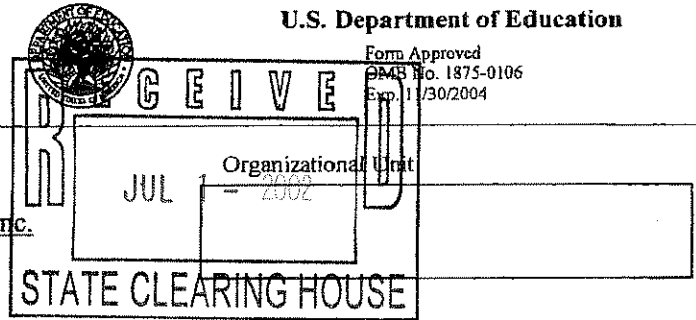
Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Big Brothers Big Sisters of Mendocino County, Inc.

Address: 498 N. McPherson Street



Fort Bragg,

City

California

State

Mendocino

County

95437 - 3314

ZIP Code + 4

2. Applicant's D-U-N-S Number 8 | 5 | 9 | 7 | 9 | 0 | 1 | 7 | 2

6. Novice Applicant Yes ☒ No

3. Applicant's T-I-N 9 | 4 | - | 2 | 8 | 7 | 5 | 1 | 0 | 0

7. Is the applicant delinquent on any Federal debt? Yes ☒ No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B

Title: EDGE: EDUCATION, DEVELOPMENT,

8. Type of Applicant (Enter appropriate letter in the box.) 1

GUIDANCE, and EXPOSURE

- A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Wendy Wall

Address: 498 N. McPherson Street

Fort Bragg

City

CA.

State

95437 - 3314

Zip code + 4

Tel. #: ( 707 ) 964 - 1228 Fax #: (707) 964 - 8922

E-Mail Address: bbbs@mcn.org

## Application Information

### 9. Type of Submission:

-PreApplication -Application  
Construction Construction  
Non-Construction ☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7 / 1 / 2002

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2002 9 / 30 / 2005  
Start Date: End Date:

### 12. Are any research activities involving human subjects planned at any time during the proposed project period?

Yes (Go to 12a.) ☒ No (Go to item 13.)

### 12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

### 13. Descriptive Title of Applicant's Project:

the EDGE (Education, Development, Guidance, Exposure) will sever

high risk children be matched with adult and high school mentors

## Estimated Funding

14a. Federal \$ 573,018.00  
b. Applicant \$ .00  
c. State \$ .00  
d. Local \$ .00  
e. Other \$ .00  
f. Program Income \$ .00  
g. TOTAL \$ 573,018.00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Wendy Wall

b. Title: Executive Director

c. Tel. #: ( 707 ) 964 - 1228 Fax #: ( 707 ) 964 - 8922

d. E-Mail Address: bbbs@mcn.org

e. Signature of Authorized Representative

Wendy Wall July 1, 2002

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

## Applicant Information

### 1. Name and Address

Legal Name: Redwood Community Action Agency

Address: 904 G St.

City: Eureka

State: Ca.

County: Humboldt

ZIP Code + 4: 95501 - 1829

Organizational Unit

2. Applicant's D-U-N-S Number | 1 | 2 | 0 | 8 | 0 | 3 | 8 | 5 | 3 |

3. Applicant's T-I-N | 9 | 4 | - | 2 | 6 | 4 | 6 | 3 | 7 | 0 |

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs, Department of Education, Office of

Elementary and Secondary Education, Safe and Drug-Free Schools Programs

5. Project Director: Lorey Keele

Address: 904 G St.

City: Eureka

State: Ca.

Zip code + 4: 95501

Tel. #: (707) 269-2052 Fax #: (707) 445-0884

E-Mail Address: mentor@rcaa.org

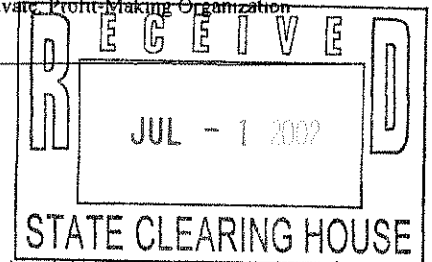
6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) | 1 |

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual

F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or University  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):



## Application Information

### 9. Type of Submission:

☐ Pre-Application ☐ Application  
☐ Construction ☐ Construction  
☐ Non-Construction ☒ Non-Construction

### 10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372  
process for review): 06 / 28 / 02

☐ No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 02 09 / 30 / 05  
Start Date: End Date:

## Estimated Funding

14a. Federal \$ 200,000 .00  
b. Applicant \$ .00  
c. State \$ .00  
d. Local \$ .00  
e. Other \$ .00  
f. Program Income \$ .00  
g. TOTAL \$ 200,000 .00

## Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kermit Thobaben, LCSW

b. Title: Acting Executive Director

c. Tel. #: (707) 269-2021 Fax #: (707) 445-0884

d. E-Mail Address: planning@rcaa.org

e. Signature of Authorized Representative

Date: 06 / 24 / 02